

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90093 042 \*\*\*\*61.25

**DOCUMENT # 758034**

**1. Entity Name**  
**CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**  
**8777 COLLINS AVE.**  
**SURFSIDE FL 33154**

**Mailing Address**  
**8777 COLLINS AVE.**  
**SURFSIDE FL 33154**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-2147701**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BECKER & POLIAKOFF PA**  
**EMERALD LAKE CORPORATE PARK**  
**3111 STIRLING ROAD**  
**FORT LAUDERDALE FL 33312-6525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **S** ☐ Delete  
**NAME** **CASERTA, ANN**  
**STREET ADDRESS** **8777 COLLINS AVE #405**  
**CITY-ST-ZIP** **SURFSIDE FL 33154**

**TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Sofia Schwartzbaum**  
**STREET ADDRESS** **8777 Collins Avenue #710**  
**CITY-ST-ZIP** **Surfside, FL 33154**

**TITLE** **T** ☐ Delete  
**NAME** **BERTA WODNICKI**  
**STREET ADDRESS** **8777 COLLINS AVE 308**  
**CITY-ST-ZIP** **SURFSIDE FL 33154**

**TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Marian Lopez**  
**STREET ADDRESS** **8777 Collins Avenue #605**  
**CITY-ST-ZIP** **Surfside, FL 33154**

**TITLE** **D** ☐ Delete  
**NAME** **IGNACIO, AYALA**  
**STREET ADDRESS** **8777 COLLINS AVE #201**  
**CITY-ST-ZIP** **SURFSIDE FL 33154**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MAGALY MAYHEW**  
**STREET ADDRESS** **10321 SW 89TH AVE**  
**CITY-ST-ZIP** **MIAMI FL 33176**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **NOTKIN, ARNOLD**  
**STREET ADDRESS** **8777 COLLINS AVE #302**  
**CITY-ST-ZIP** **SURFSIDE FL 33154**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☐ Delete  
**NAME** **NANCY LEVIN**  
**STREET ADDRESS** **8777 COLLINS AVE #712**  
**CITY-ST-ZIP** **SURFSIDE FL 33154**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE OF NANCY LEVIN**

**3/17/03**

**(305) 865-4740**

CR2E037 (10/02)