


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32058 (2)
 1. Corporation Name
CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 5001 COLLINS AVE MIAMI BCH FL 33140	Mailing Address 5001 COLLINS AVE MIAMI BCH FL 33140-2741
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3. Date Incorporated or Qualified 05/02/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0124848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LESSMAN, SALEK
5001 COLLINS AVE.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LESSMAN, SALEK
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	WEISS, HARRIET
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	T/D <input type="checkbox"/> DELETE
NAME	HALPERIN, SARA
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	ENGEL, MURRAY
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	KAPLAN, EVA
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	ZAUDERER, MINA
STREET ADDRESS	5001 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-97** (805) 864-7370
 Daytime Phone # **0029647**

CR2E037 (9/96)