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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32058 (2)  
1. Corporation Name  
CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address  
5001 COLLINS AVE 5001 COLLINS AVE  
MIAMI BCH FL 33140 MIAMI BCH FL 33140

3. Date Incorporated or Qualified  
05/02/1989  
4. FEI Number Applied For  
65-0124848 Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 AMERICA F&H MANAGEMENT & REALTY INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2011 W 62nd Street  
83  
84 City Hialeah FL 85 Zip Code 33016

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 *Henry Hernandez* HENRY HERNANDEZ 4/22/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LESSMAN, SALEK	
STREET ADDRESS	5001 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, HARRIET	
STREET ADDRESS	5001 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	T/D	<input checked="" 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 checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VILLANUEVA, ROBERTO	
1.3 STREET ADDRESS	5001 COLLINS AVE	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOLOMON, MAX	
2.3 STREET ADDRESS	5001 COLLINS AVE	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KOVAL, ESTHER	
3.3 STREET ADDRESS	5001 COLLINS AVE	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRIS, DAVID	
4.3 STREET ADDRESS	5001 COLLINS AVE	
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KAPLAN, EVA	
5.3 STREET ADDRESS	5001 COLLINS AVE	
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LISTOKIN, ABRAHAM	
6.3 STREET ADDRESS	5001 COLLINS AVE	
6.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	

14. 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 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* 4-22-1998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029383

CR2E037 (10/97)