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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32058

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/02/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0124848
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AMERICAN F&H MGMT & REALTY INC 2011 W 62ND STREET HIALEAH FL 33016	10. Name and Address of New Registered Agent 81 Name CARRIAGE Club South 82 Street Address (P.O. Box Number is Not Acceptable) 5001 COLLINS AVE 83 City MIAMI BEACH 84 City FL 85 Zip Code 33140
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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: *Katherine Harris* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLANUEVA, ROBERTO		1.2 NAME Leslie Katz	
STREET ADDRESS 5001 COLLINS AVE		1.3 STREET ADDRESS 5001 COLLINS AVE # 38	
CITY-ST-ZIP MIAMI BCH FL 33140		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLOMON, MAX		2.2 NAME	
STREET ADDRESS 5001 COLLINS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33140		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOVAL, ESTHER		3.2 NAME HARRIETT WEISS	
STREET ADDRESS 5001 COLLINS AVE		3.3 STREET ADDRESS 5001 COLLINS AVE # 2C	
CITY-ST-ZIP MIAMI BCH FL 33140		3.4 CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, DAVID		4.2 NAME	
STREET ADDRESS 5001 COLLINS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33140		4.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, EVA		5.2 NAME Eugene Guttman	
STREET ADDRESS 5001 COLLINS AVE		5.3 STREET ADDRESS 5001 COLLINS AVE # 10F	
CITY-ST-ZIP MIAMI BCH FL 33140		5.4 CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUSTOKIN, ABRAHAM		6.2 NAME Thomas Winkler	
STREET ADDRESS 5001 COLLINS AVE		6.3 STREET ADDRESS 5001 COLLINS AVE # 12F	
CITY-ST-ZIP MIAMI BCH FL 33140		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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie Katz* SIGNATURE REQUIRED: *Leslie Katz* Resident 3/12/99 (305) 864-7370

CR25037 (1/98)