


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N32058
 1. Entity 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
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04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0124848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METTS, JAMES L
5001 COLLINS AVE
MIAMI BCH, FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Filing Fee is \$61.25 Due by May 1, 2005

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR-D KRITZ, KARL S PRES. 5001 COLLINS AVE 15D MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D ACCETTA, ANTHONY V.P. 5001 COLLINS AVE 15E MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D GUEVENTER, ROBERTO TREAS. 5001 COLLINS AVE 12E MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D ENGEL, MURRAY TREAS. 5001 COLLINS AVE. 2E MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D WEISS, HARRIETT SEC. 5001 COLLINS AVE 2C MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SINGER, GINA DIR. 5001 COLLINS AVE 5J MIAMI BEACH, FL 33140

1100000347306
 04/30/05-80109-019 61.25

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]* **4-26-2005 (305)864-7370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #