

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# N32058

Entity Name: CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5001 COLLINS AVE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5001 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0124848 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

METTS, JAMES L CAM
5001 COLLINS AVE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR-D () Delete
Name: KRITZ, KARL S PRES.
Address: 5001 COLLINS AVE 15D
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP-D () Delete
Name: ACCETTA, ANTHONY V.P.
Address: 5001 COLLINS AVE 15C
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D () Delete
Name: TRYFUS, FRED DIR.
Address: 5001 COLLINS AVE 12B
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: T-D () Delete
Name: ENGEL, MURRAY TREAS.
Address: 5001 COLLINS AVE 2E
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S-D () Delete
Name: WEISS, HARRIETT SEC.
Address: 5001 COLLINS AVE 2C
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DIR () Delete
Name: SINGER, GINA DIR.
Address: 5001 COLLINS AVE 5J
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL S KRITZ

Electronic Signature of Signing Officer or Director

PR-D

06/05/2007

Date