

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32058

FILED  
Sep 29, 2009  
Secretary of State

**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 ( )**  
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:**

ACCETTA, ANTHONY P.A.  
ONE SE 3RD AVENUE,  
SUITE 2920  
MIAMI, FL 33131 US

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: ANTHONY ACCETTA

09/29/2009

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: WINKLER, THOMAS TREAS.  
Address: 5001 COLLINS AVE 12F  
City-St-Zip: MIAMI BEACH, FL 33140 US

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

Title: DIR ( ) Delete  
Name: MENSING, CHARMAINE DIR.  
Address: 5001 COLLINS AVE PH2  
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  
Name:  
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: ANTHONY ACCETTA

V.P

09/29/2009

Electronic Signature of Signing Officer or Director

Date