


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90220 043 \*\*\*\*61.25

**DOCUMENT # N32058**

1. Entity 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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0124848**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL**      Zip Code \_\_\_\_\_

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)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>KRITZ, KARL S</b><br><b>5001 COLLINS AVE., #15D</b><br><b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD</b><br><b>ACCETTA, ANTHONY</b><br><b>5001 COLLINS AVE., #15E</b><br><b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>SD</b><br/><b>KOVAL, ESTHER</b><br/><b>5001 COLLINS AVE., #2B</b><br/><b>MIAMI BEACH FL 33140</b>      <input checked="" type="checkbox"/> Delete</del>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>TD</b><br/><b>HORNSTEIN, BEATRICE</b><br/><b>5001 COLLINS AVE., #9K</b><br/><b>MIAMI BEACH FL 33140</b>      <input checked="" type="checkbox"/> Delete</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D / CO-TREASURER</b><br><b>GUEVENTER, ROBERTO</b><br><b>5001 COLLINS AVE., #12E</b><br><b>MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>D</b><br/><b>KEESAN, LINDA</b><br/><b>5001 COLLINS AVE., #PH4</b><br/><b>MIAMI BEACH FL 33140</b>      <input checked="" type="checkbox"/> Delete</del>       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>HARRIETT WEISS</b><br><b>5001 COLLINS AVE. - #2C</b><br><b>MIAMI BEACH, FL. 33140</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CO-TREASURER/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MURRAY ENGEL</b><br><b>5001 COLLINS AVE. - #2E</b><br><b>MIAMI BEACH, FL. 33140</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>EUGENE GUTTMANN</b><br><b>5001 COLLINS AVE. - #10F</b><br><b>MIAMI BEACH, FL. 33140</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Roberto Gueventer*      **RECEIVED**      4/3/2003 (305)864-7370

CR2E037 (10/02)