

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32058

**Entity Name:** CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**3865547917CC**

**Current Principal Place of Business:**

5001 COLLINS AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5001 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-0124848

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAID, ABDELAZIZ  
5001 COLLINS AVENUE  
MIAMI BEACH, FL 33140 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:** JAID ABDELAZIZ

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEWMAN, LOUIS  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            OHEVSHALOM, ARMAN  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            RICUPERO, JOHN  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            WEINSTOCK, NATHAN  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            HEITNER, BERNARD  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            GREENBERG, VALERIE  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            ROBERT VEGH, ELI  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby 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 all other like empowered.*

**SIGNATURE:** NEWMAN , LOUIS

**PRESIDENT**

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date