

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32058

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

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC7640463181**

**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: Yes**

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

ACCETTA, ANTHONY P.A.  
135 SAN LORENZO AVE  
PH 820  
MIAMI, FL 33146 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KRITZ, KARL S  
Address        5001 COLLINS AVE UNIT 14B  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            GINZBURG, ENRIQUE  
Address        5001 COLLINS AVE UNIT 2K  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            WINKLER, THOMAS  
Address        5001 COLLINS AVE UNIT 12F  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            CAFFA, OSWALDO DR.  
Address        5001 COLLINS AVE UNIT 1C  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            TRYFUS, FRED  
Address        5001 COLLINS AVE UNIT 12B  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            NADINE, KURKOU  
Address        5001 COLLINS AVE UNIT PH-1  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            ACCETTA, ANTHONY SR.  
Address        5001 COLLINS AVE UNIT 15E  
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: KARL KRITZ**

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date