# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32058

Entity Name: CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED Feb 22, 2016 Secretary of State CC8532786324

# **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 Title DIRECTOR

Name KRITZ, KARL S Name GINZBURG, ENRIQUE

Address 5001 COLLINS AVE UNIT 14B Address 5001 COLLINS AVE UNIT 2K

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title TREASURER Title SECRETARY

NameWINKLER, THOMASNameCAFFA, OSWALDO DR.Address5001 COLLINS AVE UNIT 12FAddress5001 COLLINS AVE UNIT 1CCity-State-Zip:MIAMI BEACH FL 33140City-State-Zip:MIAMI BEACH FL 33140

Title DIRECTOR Title DIRECTOR

Name TRYFUS, FRED Name NADINE, KURKOU

Address 5001 COLLINS AVE UNIT 12B Address 5001 COLLINS AVE UNIT PH-1

City-State-Zip: MIAMI BEACH FL 33140 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 02/22/2016