## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32058

Entity Name: CARRIAGE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 23, 2014
Secretary of State
CC1170596092

## **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:

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:

Electronic Signature of Registered Agent

Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleVP, DIRECTORNameKRITZ, KARL SNameCASAL, JOSE L

Address 5001 COLLINS AVE 14B Address 5001 COLLINS AVE 8G

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

Title DIRECTOR Title TREASURER, DIRECTOR

Name TRYFUS, FRED Name WRINKLER, THOMAS E

Address 5001 COLLINS AVE 12B Address 5001 COLLINS AVE 12F
City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR Title SECRETARY

Name CAFFA, OSWALDO DR. Name CHARMINE, MENSING

Address 5001 COLLINS AVE 1C Address 5001 COLLINS AVE UNIT PH-2

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

Title DIRECTOR

Name ACCETTA, ANTHONY SR.

Address 5001 COLLINS AVE

15C

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: THOMAS WRINKLER TREASURER 04/23/2014

Date