

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32058

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

**FILED**  
**Apr 08, 2021**  
**Secretary of State**  
**3209249979CC**

**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:**

FLORIAN, JOANN  
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:** JOANN FLORIAN

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           VP  
Name           GINZBURG, ENRIQUE  
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           CASTILLO-MINA, RAQUEL A  
Address        5001 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title           DIRECTOR  
Name           OHEVSHALOM, ARMAN  
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:** THOMAS WINKLER

**PRESIDENT**

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date