

CHANGE OF ADDRESS FORM

Michael I. Goldberg, Receiver
Champlain Towers South Condominium Association, Inc.
201 E. Las Olas Blvd., Suite 1800
Ft. Lauderdale, Florida 33301
Telephone: (954) 331-4190
Fax: (954) 463-2224
Email: CTSReceivership@akerman.com
Website: www.CTSReceivership.com

INSTRUCTIONS: Please complete all sections of this form, sign and date it, and return it to the Receiver's office along with your driver's license or other government-issued photo identification. You can submit your completed form and ID to the Receiver's office in any one of the following formats:

- 1.) by email to CTSReceivership@akerman.com;
- 2.) fax the form to (954) 463-2224; or
- 3.) mail the form to: Michael I. Goldberg, Receiver
Champlain Towers South Condominium Association, Inc.
201 E. Las Olas Blvd., Suite 1800
Ft. Lauderdale, Florida 33301

Full Legal Name(s): _____

CTS Unit Number: _____

Please check one: [] Unit Owner(s)
[] Former Tenant(s)
[] Personal Representative or Authorized Agent
[] Other, please explain _____

Mailing Address: _____

Telephone No: _____

Alternate Telephone No.: _____

Email: _____

I, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Change of Address Form is true and correct.

Signed, under penalty of perjury this _____ day of _____, 20____.

Signature: _____

Print Name: _____ Title, if any: _____