

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PH 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758033** (5)
1. Corporation Name
CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
TION, INC.
8877 COLLINS AVE.
SURFSIDE FL 33154

3. Date Incorporated or Qualified **08/04/1981** 3a. Date of Last Report **02/09/1994**
4. FEI Number **59-2147703** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SEGALL, ROBERT
8877 COLLINS AVE.
SURFSIDE, FL
SURFSIDE FL 33154

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	PRYSTOWSKY, RHALDA
STREET ADDRESS	8877 COLLINS AVE., SUITE 208
CITY - ST - ZIP	SURFSIDE FL
TITLE	TD
NAME	SREBRENIK, LEON
STREET ADDRESS	8877 COLLINS #703
CITY - ST - ZIP	SURFSIDE FL
TITLE	VT
NAME	WANCIER, ISAAC
STREET ADDRESS	8877 COLLINS #601
CITY - ST - ZIP	SURFSIDE FL
TITLE	PD
NAME	BERRY, ALLAN
STREET ADDRESS	8877 COLLINS #302
CITY - ST - ZIP	SURFSIDE FL
TITLE	VS
NAME	FRANCO, MOISES
STREET ADDRESS	8877 COLLINS #905
CITY - ST - ZIP	SURFSIDE FL
TITLE	D
NAME	SRETER, ANA <i>take out</i>
STREET ADDRESS	8877 COLLINS #307
CITY - ST - ZIP	SURFSIDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RHALDA PRYSTOWSKY
1.3 STREET ADDRESS	8877 COLLINS AVE., SUITE 208
1.4 CITY - ST - ZIP	SURFSIDE, FL. 33154
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SREBRENIK, LEON
2.3 STREET ADDRESS	8877 COLLINS AVE #703
2.4 CITY - ST - ZIP	SURFSIDE, FL. 33154
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WANCIER, ISAAC
3.3 STREET ADDRESS	8877 COLLINS AVE #601
3.4 CITY - ST - ZIP	SURFSIDE, FL. 33154
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERRY, ALLEN
4.3 STREET ADDRESS	8877 COLLINS AVE. #302
4.4 CITY - ST - ZIP	SURFSIDE, FL. 33154
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANCO, MOISES
5.3 STREET ADDRESS	8877 COLLINS AVE #905
5.4 CITY - ST - ZIP	SURFSIDE, FL. 33154
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GANDELMAN, HILDA
6.3 STREET ADDRESS	8877 COLLINS AVE. #501
6.4 CITY - ST - ZIP	SURFSIDE, FL. 33154

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen Berry 2/9/95 305-961-9559
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Daytime Phone #)