

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758033 (5)

1. Corporation Name
CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/04/1981
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business: 21 Champlain Towers North, 22 8877 Collins Avenue, 23 Surfside, FL, 24 33154, 25 USA
2a. Mailing Address: 26 Champlain Towers North, 27 8877 Collins Avenue, 28 Surfside, FL, 29 33154, 30 USA

4. FEI Number: 59-2147703
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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: Allen Berry, President; 82 Street Address: 8877 Collins Avenue; 83 Unit #302; 84 City: Surfside, FL; 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Allen Berry* Allen Berry, President, 2/21/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: PRYSTOWSKY, RHALDA	
STREET ADDRESS: 8877 COLLINS AVE., SUITE 208	
CITY-ST-ZIP: SURFSIDE FL	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: SREBRENK, LEON	Treasurer
STREET ADDRESS: 8877 COLLINS #703	D
CITY-ST-ZIP: SURFSIDE FL	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: WANCIER, ISAAC	
STREET ADDRESS: 8877 COLLINS #601	
CITY-ST-ZIP: SURFSIDE FL	
TITLE: P	<input type="checkbox"/> DELETE
NAME: BERRY, ALLAN	President
STREET ADDRESS: 8877 COLLINS #302	D
CITY-ST-ZIP: SURFSIDE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: FRANCO, MOISES	
STREET ADDRESS: 8877 COLLINS #905	D
CITY-ST-ZIP: SURFSIDE FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: GANDELMAN, HILDA	
STREET ADDRESS: 8877 COLLINS AVE., #501	
CITY-ST-ZIP: SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Segall
1.3 STREET ADDRESS	8877 Collins Ave, Suite 1109
1.4 CITY-ST-ZIP	Surfside, FL, 33154
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Diener
2.3 STREET ADDRESS	8877 Collins Ave, Penthouse A
2.4 CITY-ST-ZIP	Surfside, FL, 33154
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Manuel Rojas Secretary
3.3 STREET ADDRESS	8877 Collins Ave, Suite 1103
3.4 CITY-ST-ZIP	Surfside, FL, 33154
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Enrique Builla, M.D.
4.3 STREET ADDRESS	8877 Collins Ave, suite 1107
4.4 CITY-ST-ZIP	Surfside, FL, 33154
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Salomon Gold Vice President
5.3 STREET ADDRESS	8877 Collins Ave., Suite 210
5.4 CITY-ST-ZIP	Surfside, FL, 33154
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	400001740334
6.3 STREET ADDRESS	-03/12/96--01116--017
6.4 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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* Allen Berry, President, February 21, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)