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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154
CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154-3524

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1981	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2147703	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BERRY, ALAN
8877 COLLINS AVE., UNIT # 302
SURFSIDE FL 33154

10. Name and Address of New Registered Agent
81 Name GOLD, SOLOMON
82 Street Address (P.O. Box Number is Not Acceptable) 8877 COLLINS AVE UNIT # 210
83
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 *Solomon Gold* Solomon Gold, President 4/30/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEGALL, ROBEERT	
STREET ADDRESS	8877 COLLINS AVE., SUITE 1109	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SREBRENK, LEON	
STREET ADDRESS	8877 COLLINS #703	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROJAS, MANUEL	
STREET ADDRESS	8877 COLLINS STE. # 1103	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, ALLAN	
STREET ADDRESS	8877 COLLINS #302	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCO, MOISES	
STREET ADDRESS	8877 COLLINS #905	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUILLA, ENRIQUE MD	
STREET ADDRESS	8877 COLLINS AVE., #1107	
CITY-ST-ZIP	SURFSIDE FL 33154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	gold, Solomon	
1.3 STREET ADDRESS	8877 Collins Ave # 210	
1.4 CITY-ST-ZIP	Surfside, FL 33154	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

305-861

CR2E037 (9/96)