

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758033 (5)
1. Corporation Name
CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154	Mailing Address CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154
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3. Date Incorporated or Qualified 08/04/1981	
4. FEI Number 59-2147703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
GOLD, SOLOMON
8877 COLLINS AVE
UNIT 210
SURFSIDE FL 33154

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

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GOLD, SOLOMON	
STREET ADDRESS	8877 COLLINS AVE, #210	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	TD	<input type="checkbox"/>
NAME	SREBRENK, LEON	
STREET ADDRESS	8877 COLLINS #703	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/>
NAME	ROJAS, MANUEL	
STREET ADDRESS	8877 COLLINS STE.# 1103	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/>
NAME	FRANCO, MOISES	
STREET ADDRESS	8877 COLLINS #905	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/>
NAME	BUILLA, ENRIQUE MD	
STREET ADDRESS	8877 COLLINS AVE., #1107	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1/12/98 861-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)