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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758033

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

20 Suite, Apt. #, etc.

08/04/1981
4. FEI Number
59-2147703

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GOLD, SOLOMON~~
8877 COLLINS AVE
UNIT 210
SURFSIDE FL 33154

81 Name **RAY SHAMBLIN**

82 Street Address (P.O. Box Number is Not Acceptable)
8877 COLLINS AVE, UNIT 1001

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 *Ray J. Shamblin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☒ DELETE
NAME ~~GOLD, SOLOMON~~
STREET ADDRESS ~~8877 COLLINS AVE, #210~~
CITY-ST-ZIP ~~SURFSIDE FL~~

1.1 TITLE ☒ Change ☒ Addition
PRESIDENT
1.2 NAME **RAY SHAMBLIN**
1.3 STREET ADDRESS **8877 COLLINS AVE #1001**
1.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ~~VICE PRESIDENT~~ ☐ DELETE
NAME **SREBRENK, LEON**
STREET ADDRESS **8877 COLLINS #703**
CITY-ST-ZIP **SURFSIDE FL 33154**

2.1 TITLE ☐ Change ☒ Addition
TREASURER
2.2 NAME **HUGO A. JIMENEZ**
2.3 STREET ADDRESS **8877 COLLINS AVE #501**
2.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ~~S~~ ☒ DELETE
NAME ~~ROJAS, MANUEL~~
STREET ADDRESS ~~8877 COLLINS STE #1103~~
CITY-ST-ZIP ~~SURFSIDE FL 33154~~

3.1 TITLE ☐ Change ☒ Addition
SECRETARY
3.2 NAME **CARMEN VALLS**
3.3 STREET ADDRESS **8877 COLLINS AVE #508**
3.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ~~D~~ ☐ DELETE
NAME **FRANCO, MOISES**
STREET ADDRESS **8877 COLLINS #905**
CITY-ST-ZIP **SURFSIDE FL 33154**

4.1 TITLE ☐ Change ☒ Addition
DIRECTOR
4.2 NAME **SALOMON GOLD**
4.3 STREET ADDRESS **8877 COLLINS AVE #210**
4.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ~~D~~ ☐ DELETE
NAME **BUILLA, ENRIQUE MD**
STREET ADDRESS **8877 COLLINS AVE., #1107**
CITY-ST-ZIP **SURFSIDE FL 33154**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(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, with all other like empowered.

SIGNATURE:

Ray J. Shamblin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 305-861-7441
Date Daytime Phone #

CR2E037 (11/98)