

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90057 031 \*\*\*\*61.25

**DOCUMENT # 758033**

1. Entity Name

**CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION,** *R*

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2147703**

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAMBLIN, RAY  
 8877 COLLINS AVE  
 UNIT 1001  
 SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name

**SALOMON GOLD**

Street Address (P.O. Box Number is Not Acceptable)

**8877 COLLINS AVE  
 UNIT 701**

City

**SURFSIDE**

**FL**

Zip Code

**33154**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAMBLIN, RAY</b>	
STREET ADDRESS	<b>8877 COLLINS AVE #1001</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SREBRENK, LEON</b>	
STREET ADDRESS	<b>8877 COLLINS #703</b>	
CITY-ST-ZIP	<b>SURFSIDE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JIMENEZ, HUGO A</b>	
STREET ADDRESS	<b>8877 COLLINS AVE #501</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCO, MOISES</b>	
STREET ADDRESS	<b>8877 COLLINS #905</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUILLA, ENRIQUE MD</b>	
STREET ADDRESS	<b>8877 COLLINS AVE., #1107</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLD, SALOMON</b>	
STREET ADDRESS	<b>8877 COLLINS AVE #210</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PLEASE PREPARE A CHECK  
 6/28  
 RECEIVED BY

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

~~75803~~ # 758033  
18765

61.25

6328 301200680

PAY TO THE ORDER OF DEPARTMENT OF REVENUE

CHAMPLAIN TOWER NORTH  
CONDOMINIUM ASSOCIATION  
4077 COLLINS AVE  
SUNNYSIDE, FL 33154

UNION PLANTERS BANK  
BAY HARBOR ISLANDS, FL 33154  
63 241410 - 424

6328

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ANNUAL REPORTS IN FLORIDA  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

MEMO FEI 92147201

⑆006328⑆ ⑆067008414⑆ ⑆268600436⑆

2/10/00

5 06135

DOLLARS

⑆0000006125⑆

Check # 6328.

Copy of the U.P. Bank.  
2/10/00.