


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 758033</b>					
<b>1. Entity Name</b> CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE, FL 33154			<b>Mailing Address</b> CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE, FL 33154		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2147703	
6. Name and Address of Current Registered Agent  GOLD, SALDMON 8877 COLLINS AVE UNIT 701 SURFSIDE, FL 33154				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____			DATE <u>12/16/04</u>		
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2005, Fee will be \$297.50			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SREBRENK, LEON		NAME	TREASURER	
STREET ADDRESS	8877 COLLINS #703		STREET ADDRESS	Sergio Grobler	
CITY-ST-ZIP	SURFSIDE, FL		CITY-ST-ZIP	8877 Collins # 1110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCO, MOISES		NAME		
STREET ADDRESS	8877 COLLINS #905		STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORREST, JAMES A		NAME	600042193946	
STREET ADDRESS	8877 COLLINS AVE., #1107		STREET ADDRESS	10/26/04--01083--002 **236.25	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLD, SALOMON		NAME	President	
STREET ADDRESS	8877 COLLINS AVE #210		STREET ADDRESS	Salomon Gold	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	8877 Collins Ave, 33154	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date <u>10-21-04</u>		
(NOTE: Signature and typed or printed name of signing officer or director)					

FILED  
04 NOV 22 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10192004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2147703 Applied For Not Applicable

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

REINSTATEMENT 04 FL

[Handwritten Signature]

12/16/04

TREASURER  
Sergio Grobler  
8877 Collins # 1110  
Surfside, FL

President  
Salomon Gold  
8877 Collins Ave, 33154

305-861-2134

X