
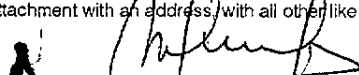


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 758033 1. Entity 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	
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		5. Certificate of Status Desired	
59-2147703		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLD, SALDMON 8877 COOLINS AVE UNIT 701 SURFSIDE FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBLER, SERGIO	NAME	
STREET ADDRESS	8877 COLLINS #1010	STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	CITY - ST - ZIP	U00000252584 03/05/05-80035-009 61.25
D <input type="checkbox"/> Delete		D <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	
P <input type="checkbox"/> Delete		P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLD, SALOMON	NAME	
STREET ADDRESS	8877 COLLINS AVE	STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL 33154	CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<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: 		3/1/05 305-8617441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	