


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 758033</b> 1. Entity Name <b>CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.</b>	
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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>
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip	Country	Zip	Country		

REINSTATEMENT

4. FEI Number <b>59-2147703</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>GOLD, SALDMON 8877 COOLINS AVE UNIT 701 SURFSIDE, FL 33154</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Numbers Not Applicable) City
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Name Street Address (P.O. Box Numbers Not Applicable) City	State Zip Code
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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)

<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		Delete
TITLE	T	<input type="checkbox"/>
NAME	GROBLER, SERGIO	
STREET ADDRESS	8877 COLLINS #1010	
CITY-ST-ZIP	SURFSIDE, FL	
TITLE	D	<input type="checkbox"/>
NAME	FRANCO, MOISES	
STREET ADDRESS	8877 COLLINS #905	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	P	<input type="checkbox"/>
NAME	GOLD, SALOMON	
STREET ADDRESS	8877 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR