

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004732 (3)

1. Corporation Name

CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
501 BRICKELL AVE SUITE 200 MIAMI FL 33131 501 BRICKELL AVE SUITE 200 MIAMI FL 33131

3. Date Incorporated or Qualified 09/22/1994 3a. Date of Last Report 03/24/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	65-0522606	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROBERTS, DAVID F
501 BRICKELL AVE SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name	National Registered Agents, Inc.
82	Street Address (P.O. Box Number is Not Acceptable)	501 Brickell Ave. Suite 200
83		
84	City	Miami
85	Zip Code	FL 33131-8538

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

David Roberts
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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONDA, STEVEN	1.2 NAME	
STREET ADDRESS	888 COLLINS AVE	1.3 STREET ADDRESS	Jose Vallejo
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	888 Collins Ave. Surfside, FL 33154
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALAMARO, CHARLES	2.2 NAME	Carlos Manresa
STREET ADDRESS	8888 COLLINS AVE	2.3 STREET ADDRESS	888 Collins Ave.
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	Surfside, FL 33154
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, OSCAR	3.2 NAME	
STREET ADDRESS	8888 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change is made an attachment with an address.

SIGNATURE:

Oscar Sklar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-96 305-866-2096

CR2E037 (12/95)