

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004732 (3)
1. Corporation Name
CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 8855 COLLINS AVENUE SURFSIDE FL 33154 US	Mailing Address 8855 COLLINS AVENUE SURFSIDE FL 33154 US
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3. Date Incorporated or Qualified
09/22/1994

4. FEI Number
65-0522606

Applied For	Not Applicable
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2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State
23 City & State

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip
25 Country
29 Zip
30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CUEVAS, ANDREW E
CUEVAS & RUBIN, P.A.
9200 S DADELAND BLVD., SUITE #603
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZA, ALBERTO	1.2 NAME	
STREET ADDRESS	8855 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOROWSKI, MOISES	2.2 NAME	
STREET ADDRESS	8855 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURY, MARIA	3.2 NAME	
STREET ADDRESS	8855 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HIGGINS, MICHAEL	4.2 NAME	TD Perez, Pam
STREET ADDRESS	8855 COLLINS AVENUE	4.3 STREET ADDRESS	8855 Collins Avenue
CITY-ST-ZIP	SURFSIDE FL	4.4 CITY-ST-ZIP	Surfside, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, CAROLYN	5.2 NAME	D Costa, Francisco
STREET ADDRESS	8855 COLLINS AVENUE	5.3 STREET ADDRESS	8855 Collins Avenue
CITY-ST-ZIP	SURFSIDE FL	5.4 CITY-ST-ZIP	Surfside, FL
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 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 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 changed, or on an attachment with an address.

SIGNATURE: Pam Perez **NATUR Pam Perez** **1/15/98** **(305) 866-1210**

CR2E037 (10/97)