


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90006 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N94000004732		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/22/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0522606
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CUEVAS, ANDREW E CUEVAS & RUBIN, P.A. 9200 S DADELAND BLVD., SUITE #603 MIAMI FL 33156		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOROWSKI, MOISES	2.2 NAME	JOSE M. CASTARO
STREET ADDRESS	8855 COLLINS AVENUE	2.3 STREET ADDRESS	8855 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	SURFSIDE FL
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	PEREZ, PAM	4.2 NAME	ADRIA SILVERMAN
STREET ADDRESS	8855 COLLINS AVE	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	COSTA, FRANCISCO	5.2 NAME	MARIA HUNCHAK
STREET ADDRESS	8855 COLLINS AVE	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, with all other like empowered.

SIGNATURE: ALBERT LANZA 7/10/99 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0004231
CR2E037 (5/99)