

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90246 040 ****61.25

DOCUMENT # N94000004732

1. Entity Name

CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, I

Principal Place of Business

8855 COLLINS AVENUE
 SURFSIDE FL 33154
 US

Mailing Address

8855 COLLINS AVENUE
 SURFSIDE FL 33154-3599
 US

00001011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8855 COLLINS AVENUE

Suite, Apt. #, etc.

SURFSIDE FL

Zip
33154

Country
USA

3. Mailing Address

8855 COLLINS AVENUE

Suite, Apt. #, etc.

SURFSIDE FL

Zip
33154

Country
USA

4. FEI Number

65-0522606

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW E
CUEVAS & RUBIN, P.A.
9200 S DADELAND BLVD., SUITE #603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

SAME

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LANZA, ALBERTO	8855 COLLINS AVENUE	SURFSIDE FL	<input checked="" type="checkbox"/>
VPD	CASTANO, JOSE M	8855 COLLINS AVENUE	SURFSIDE FL	<input checked="" type="checkbox"/>
SD	MAURY, MARIA	8855 COLLINS AVENUE	SURFSIDE FL	<input type="checkbox"/>
TD	SILVERMAN, ADRIA	8855 COLLINS AVE	SURFSIDE FL	<input type="checkbox"/>
D	HUNCHAK, MARIA	8855 COLLINS AVE	SURFSIDE FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	WATSON, RANDY	8855 COLLINS AVENUE	SURFSIDE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UPD	CUTZ, MIKE	8855 COLLINS AVENUE	SURFSIDE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MAURY, MARIA	8855 COLLINS AVENUE	SURFSIDE, FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	SILVERMAN, ADRIA	8855 COLLINS AVE	SURFSIDE, FL	<input type="checkbox"/>	<input type="checkbox"/>
D	SHAPIRO, DANIEL	8855 COLLINS AVENUE	SURFSIDE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 866 1210

CR2E037 (9/99)