

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90147 024 ****61.25

DOCUMENT # N94000004732

1. Entity Name

CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8855 COLLINS AVENUE
 SURFSIDE FL 33154
 US

8855 COLLINS AVENUE
 SURFSIDE FL 33154
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522606

Applied For

Not Applicab

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Richard J. Potash, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

300 Northwest 82nd Ave, Suite 415
 City **Plantation, Florida** FL Zip Code **33324**

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

Richard J Potash PA

1/11/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD WATSON, RANDY**
 STREET ADDRESS **8855 COLLINS AVENUE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE Change Addition

TITLE Delete
 NAME **VPD MUNDER, ARTURO**
 STREET ADDRESS **8855 COLLINS AVENUE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE Change Addition

TITLE Delete
 NAME **CD CASTANO, JOSE**
 STREET ADDRESS **8855 COLLINS AVENUE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **TD** Change Addition

TITLE Delete
 NAME **TD SILVERMAN, ADRIA**
 STREET ADDRESS **8855 COLLINS AVE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE **S.D.** Change Addition

TITLE Delete
 NAME **D SHAPIRO, DANIEL**
 STREET ADDRESS **8855 COLLINS AVE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE Change Addition
 NAME **D. O'HIGGINS MICHAEL**
 STREET ADDRESS **8855 COLLINS AVE**
 CITY-ST-ZIP **SURFSIDE FL**

TITLE Delete

TITLE Change Addition

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 like empowered.

SIGNATURE: *Randy R. Watson* **Randy R. Watson**

1/08/02 308 866 1210