


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 017 ****61.25

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1. Entity Name
CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.



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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

03182005 Chg-NP CR2E037 (10/03)

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

ROGEL, DAVID H ESQ.
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR., #100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OHIGGINS, MICHAEL	
STREET ADDRESS	8855 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTANO, JOSE	
STREET ADDRESS	8855 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PINEIRO, CARLOS	
STREET ADDRESS	8855 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MONRORA, ARTURO	
STREET ADDRESS	8855 COLLINS AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLKER, BILL	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDER, ARTURO	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHIGGINS, MICHAEL	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANO, JOSE	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, RANDY	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEIRO, CARLOS	
STREET ADDRESS	8855 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ *04-05-05* *305-866-1210*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #