

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90039 041 \*\*\*\*61.25



<b>DOCUMENT # N94000004732</b>			
1. Entity Name <b>CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>8855 COLLINS AVENUE SURFSIDE, FL 33154 US</b>		Mailing Address <b>8855 COLLINS AVENUE SURFSIDE, FL 33154 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ROGEL, DAVID H ESQ. C/O BECKER &amp; POLIAKOFF, P.A. 5201 BLUE LAGOON DR., #100 MIAMI, FL 33126</b>			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> Delete	
NAME	SHAFFER, STUART		
STREET ADDRESS	3855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	P	<input type="checkbox"/> Delete	
NAME	O'HIGGINS, MICHAEL		
STREET ADDRESS	3855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	S	<input type="checkbox"/> Delete	
NAME	OPERT, CHARON		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	S	<input type="checkbox"/> Delete	
NAME	LAZA, ALBERT		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SANTOS, FRANK		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Shaffer, Stuart		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'Higgins, Michael		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Opert, Sharon		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Laza, Albert		
STREET ADDRESS	8855 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Santos, Frank		
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 exemptions contained in Chapter 119, 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: <u>Stuart Shaffer V. Pres</u> <b>STUART SHAFFER</b> 1/24/08 305-866-1210			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>			
<small>Daytime Phone #</small>			



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0522606** Applied For  Not Applicable

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