

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1/15

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90264 008 \*\*\*\*61.25

**DOCUMENT # N94000004732**

1. Entity Name  
**CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, I  
NC.**



**55006054**

Principal Place of Business :  
**8855 COLLINS AVENUE  
SURFSIDE FL 33154  
US**

Mailing Address  
**8855 COLLINS AVENUE  
SURFSIDE FL 33154  
US**

*8855 Collins Ave*

2. Principal Place of Business  
**- Champlain Towers East EGIST**

3. Mailing Address  
**8855 Collins Ave**



CHECK HERE IF MAKING CHANGES

City & State  
**Surfside, Florida**

City & State  
**Surfside, Florida**

4. FEI Number **65-0522606**

Applied For  
Not Applicable

Zip  
**33154**

Country  
**U.S.A.**

Zip  
**33154**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLASH, RICHARD J P.A.  
300 NORTHWEST 82ND AVENUE  
SUITE 415  
PLANTATION FL 33324**

Name **Richard Potash P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 Northwest 82nd Ave**  
City **Plantation** 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WATSON, RANDY 8855 COLLINS AVENUE SURFSIDE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MUNDER, ARTURO 8855 COLLINS AVENUE SURFSIDE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CASTANO, JOSE 8855 COLLINS AVENUE SURFSIDE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SILVERMAN, ADRIA 8855 COLLINS AVE SURFSIDE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'HIGGINS, MICHAEL 8855 COLLINS AVE SURFSIDE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President O'Higgins, Michael 8855 Collins Ave Surfside, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Jose Castano 8855 Collins Ave Surfside, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Frank Santos 8855 Collins Ave Surfside, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Randolph Seda 8855 Collins Ave Surfside, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Bue Kuelker 8855 Collins Ave Surfside, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E007 (10/02)

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: **X [Signature]** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **305 866 12/10**  
Daytime Phone #