2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
02-15-2000 90057 031 ****61.25

DOCUMENT # 758033

1. Entity Name

CHAMPLAIN TOWERS NORTH CONDOMINIUM ASSOCIATION, R

Principal Place of Business	Mailing Address
CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154	CHAMPLAIN TOWERS NORTH 8877 COLLINS AVE. SURFSIDE FL 33154-3524

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2147703 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAMBLIN, RAY
8877 COLLINS AVE
UNIT 1001
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name SALOMON GOLD

Street Address (P.O. Box Number is Not Acceptable) 8877 COLLINS Ave
UNIT 701

City SURFSIDE FL Zip Code 33154

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHAMBLIN, RAY 8877 COLLINS AVE #1001 SURFSIDE FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SREBRENIK, LEON 8877 COLLINS #703 SURFSIDE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JIMENEZ, HUGO A 8877 COLLINS AVE #501 SURFSIDE FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCO, MOISES 8877 COLLINS #905 SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUILLA, ENRIQUE MD 8877 COLLINS AVE., #1107 SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLD, SALOMON 8877 COLLINS AVE #210 SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

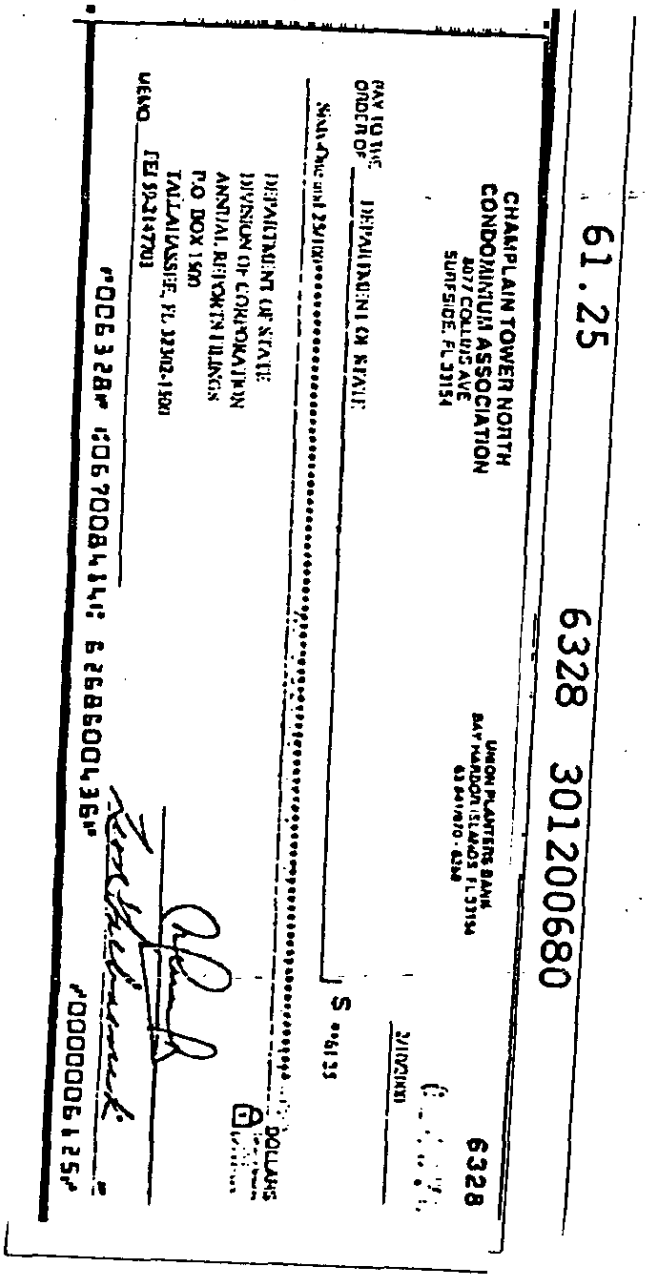
PLEASE PREPARE A CHECK
6325
APPROVED BY:

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~25808~~ #758033

18765



Check #6328.

Copy of the U.P. Bank.
2/10/00.