
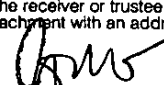


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 020 ****61.25

DOCUMENT # N94000004732 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0522606	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGEL, DAVID H ESQ. C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR., #100 MIAMI, FL 33126				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MUNDER, ARTURO 8855 COLLINS AVE. SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President O'Higgins Michael 8855 Collins Ave SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'HIGGINS, MICHAEL 8855 COLLINS AVE. SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Castano Jose 8855 Collins Ave SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTANO, JOSE 8855 COLLINS AVE. SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Opent, Sherron 8855 Collins Ave SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, RANDY 8855 COLLINS AVE. SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Santos, Frank 8855 Collins Ave SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEIRO, CARLOS 8855 COLLINS AVE SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Monkagudo, Eduardo 8855 Collins Ave SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: 			3/14/06 305-866-1210		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		