

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004732

**FILED**  
**Mar 11, 2015**  
**Secretary of State**  
**CC2780714896**

**Entity Name:** CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8855 COLLINS AVENUE  
SURFSIDE, FL 33154

**Current Mailing Address:**

8855 COLLINS AVENUE  
SURFSIDE, FL 33154 US

**FEI Number:** 65-0522606

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGEL, DAVID HESQ.  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA SUITE 1000  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAFFER, STUART  
Address        8855 COLLINS AVE  
City-State-Zip: SURFSIDE FL 33154

Title            SEC  
Name            CASTANO, JOSE  
Address        8855 COLLINS AVE  
City-State-Zip: SURFSIDE FL 33154

Title            TREA  
Name            CASTRO, MARTA  
Address        8855 COLLINS AVE  
City-State-Zip: SURFSIDE FL 33154

Title            DIRECTOR  
Name            OPERT, SHARON  
Address        8855 COLLINS AVENUE  
City-State-Zip: SURFSIDE FL 33154

Title            DIRECTOR  
Name            MITTLEMAN, GLORIA  
Address        8855 COLLINS AVENUE  
City-State-Zip: SURFSIDE FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART SHAFFER

**PRESIDENT**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date