

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004732

**Entity Name:** CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 29, 2020**  
**Secretary of State**  
**4510821782CC****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	DIRECTOR
Name	MITTLEMAN, GLORIA
Address	8855 COLLINS AVE
City-State-Zip:	SURFSIDE FL 33154

Title	TREA
Name	ACKER, JACK
Address	8855 COLLINS AVENUE
City-State-Zip:	SURFSIDE FL 33154

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

Title	DIRECTOR
Name	SUFFREDINI, PAULO
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****01/29/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date