2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90045 024 ****61.25

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1. Entity Name
CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8855 COLLINS AVENUE SURFSIDE, FL 33154 US	8855 COLLINS AVENUE SURFSIDE, FL 33154 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03272007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0522606 ☐ Applied For ☐ Not Applicable

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

Filing Fee is $61.25
Due by May 1, 2007

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	P MUNDER, ARTURO 8855 COLLINS AVE. SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O'Higgins, Michael 8855 Collins Ave Surfside, Fl 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'HIGGINS, MICHAEL 8855 COLLINS AVE. SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shaffer, Stuart 8855 Collins Ave Surfside, Fl 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTANO, JOSE 8855 COLLINS AVE. SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Opert, Sharon 8855 Collins Ave Surfside, Fl 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATSON, RANDY 8855 COLLINS AVE. SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lanza, Albert 8855 Collins Ave Surfside, Fl 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINEIRO, CARLOS 8855 COLLINS AVE SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Santos, Frank 8855 Collins Ave Surfside	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONKAGUDO, EDUARDO 8855 COLLINS AVE SURFSIDE, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/10/07 305 861-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #