

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004732

FILED
Mar 05, 2009
Secretary of State

Entity Name: CHAMPLAIN TOWERS EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8855 COLLINS AVENUE
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

8855 COLLINS AVENUE
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 65-0522606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGEL, DAVID H ESQ.
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR., #100
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHAFFER, STUART
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: P () Delete
Name: O'HIGGINS, MICHAEL
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: S () Delete
Name: OPERT, SHARON
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: T () Delete
Name: LANZA, ALBERT
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: D () Delete
Name: SANTOS, FRANK
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CASTANO, JOSE
Address: 8855 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STUART SHAFFER

VP

03/05/2009

Electronic Signature of Signing Officer or Director

Date