

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N29746

Entity Name: CHAMPION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13355 TAMIAMI TR.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

4195 HIELD ROAD NW  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 65-0139682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MURPHY, DEBRA E  
4195 HIELD ROAD NW  
PALM BAY, FL 32907      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: PD      ( ) Delete  
Name: MURPHY, DEBRA E  
Address: 4195 HIELD ROAD NW  
City-St-Zip: PALM BAY, FL 32907

Title: VD      ( ) Delete  
Name: PRICE, JEFFREY  
Address: 13355 TAMIAMI TRAIL, UNIT D & E  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DEBRA E MURPHY

PD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date