

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003511

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC3043136624**

**Entity Name:** RETREAT AT CHAMPIONSGATE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6750 FORUM DRIVE, SUITE 310  
ORLANDO, FL 32821

**Current Mailing Address:**

6750 FORUM DRIVE, SUITE 310  
ORLANDO, FL 32821 US

**FEI Number: 80-0915439**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name BARR, MICHELLE  
Address 6750 FORUM DRIVE, SUITE 310  
City-State-Zip: ORLANDO FL 32821

Title VPD  
Name ENGLISH, DOMINICK  
Address 6750 FORUM DRIVE SUITE 310  
City-State-Zip: ORLANDO FL 32821

Title STD  
Name BONIN, ROB  
Address 6750 FORUM DRIVE, SUITE 310  
City-State-Zip: ORLANDO FL 32821

*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: MICHELLE BARR**

**PRESIDENT**

**01/16/2018**

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

\_\_\_\_\_  
Date