

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90051 002 ****61.25

DOCUMENT # N05000003018	
1. Entity Name CHAMPIONS GREEN CONDOMINIUM III ASSOCIATION, INC.	



Principal Place of Business 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907	Mailing Address 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907
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40023543



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02022007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2609529	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901	
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7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVEREAUX, MATT <input type="checkbox"/> Delete 10484 SIX MILE CYPRESS PKWY FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORENSEN, ANDREW <input type="checkbox"/> Delete 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGAN, JOHN <input type="checkbox"/> Delete 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK <input checked="" type="checkbox"/> Delete 12734 KENWOOD LANE STE 49 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THROW, DANIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DISTEPHANO, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Daniel Throw **DANIEL THROW** 2/9/07 **239-278-1177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #