

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 015 ****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		
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	4. FEI Number 20-2609529	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name: <u>TROPICAL ISLES Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>12734 Kenwood Lane, Suite 49</u> <u>Fort Myers, FL</u> City: <u>Fort Myers</u> State: <u>FL</u> Zip Code: <u>33907</u>		
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: <u>[Signature]</u> <u>Don Redding</u> <u>1/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 PD	NAME SMITH, RUSSELL R	<input checked="" type="checkbox"/> Delete	TITLE CAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME JENNIFER NESPOLI
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY - ST - ZIP FT MYERS, FL 33912		STREET ADDRESS c/o Tropical Isles	CITY - ST - ZIP 12734 Kenwood Lane, Suite 49	Fort Myers, FL 33907
TITLE VD	NAME DEBITETTO, JOHN	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY - ST - ZIP FT MYERS, FL 33912		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE STD	NAME BILLUPS, JOHN	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY	CITY - ST - ZIP FT MYERS, FL 33912		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE President	NAME Gary Alank	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 11951 Champions Greenway # 407	CITY - ST - ZIP FT MYERS, FL 33913		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE Vice President	NAME Mark J Kredell	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1230 BAY DR	CITY - ST - ZIP SANibel FL 33957		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE Secretary/Treasurer	NAME Mathew G. FRIESE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 11931 Champions Greenway 304	CITY - ST - ZIP Fort Myers, FL 33913		STREET ADDRESS 	CITY - ST - ZIP 	
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: <u>[Signature]</u> <u>CAN</u> <u>1/14/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					