

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003018

FILED
Mar 03, 2009
Secretary of State

Entity Name: CHAMPIONS GREEN CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
STE 49
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
STE 49
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2609529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KEAWOOD LANE, SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 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

03/03/2009

Date

OFFICERS AND DIRECTORS:

Title: CAM () Delete
Name: NESPORI, JEAHNI
Address: C/O 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33907

Title: P () Delete
Name: CLARK, GARY
Address: 11951 CHAMPIMS GREEN HWY #407
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: KREDELL, MARK J
Address: 1230 BAY DR.
City-St-Zip: FORT MYERS, FL 33913

Title: ST (X) Delete
Name: FRIESER, KATHLEEN G
Address: 11931 CHAMPIONS GREEN WAY #304
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARK, GARY
Address: 11951 CHAMPIONS GREEN WAY #407
City-St-Zip: FORT MYERS, FL 33907

Title: VP (X) Change () Addition
Name: KREDELL, MARK J
Address: 1611 MAYFAIR ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST (X) Change () Addition
Name: TILICKI, CAROL
Address: 11971 CHAMPIONS GREEN WAY, UNIT #503
City-St-Zip: FORT MYERS, FL 33913

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: JEANNIE NESPOLI

Electronic Signature of Signing Officer or Director

CAM

03/03/2009

Date