


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N19586</b> 1. Entity Name CHAMPIONSHIP PROPERTY OWNERS ASSOCIATION, INC.	
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FILED  
08 DEC 19 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>300 AVE. OF THE CHAMPIONS</del> <del>PALM BEACH GARDENS, FL 33418</del>	Mailing Address <del>300 AVE. OF THE CHAMPIONS</del> <del>PALM BEACH GARDENS, FL 33418</del>
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2. Principal Place of Business - No P.O. Box # United Community Mgmt Suite, Apt. #, etc. 11784 W. Sample Rd City & State Coral Springs, FL Zip 33065 Country USA	3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. #103 City & State Coral Springs, FL Zip 33065 Country USA
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10182008	Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0070964	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  QUEEN, SUSAN 300 AVE OF THE CHAMPIONS PLM BCH GARDENS, FL 33418	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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: Renee Campbell V.P. Finance United Comm Mgmt 12/16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Amended AR is <b>\$61.25</b>	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	VP <input type="checkbox"/> Delete
NAME	THEUERKAUF, FRANK DR
STREET ADDRESS	300 AVENUE OF THE CHAMPIONS # 120
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	COHEN, EDWARD
STREET ADDRESS	300 AVENUE OF THE CHAMPION # 120
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	P <input type="checkbox"/> Delete
NAME	WARSHAW, KAREN
STREET ADDRESS	300 AVENUE OF THE CHAMPIONS # 120
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KEPLER, WILLIAM
STREET ADDRESS	407 EAGLETON COVE WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D <input type="checkbox"/> Delete
NAME	MURPHY, TOM
STREET ADDRESS	319 EAGLETON GOLF DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	T <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
NAME	Garling, James
STREET ADDRESS	300 Avenue of the Champions #120
CITY-ST-ZIP	Palm Beach Gardens, FL 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grosso, Richard
STREET ADDRESS	300 Avenue of the Champions #120
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew, Herb
STREET ADDRESS	300 Avenue of the Champions #120
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	
NAME	
STREET ADDRESS	200139228262
CITY-ST-ZIP	12/23/08--01013--005 **\$61.25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: Karen Warshaw 12/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 12/19