


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90023 023 \*\*\*\*61.25

<b>DOCUMENT # N42419</b>				
1. Entity Name CHAMPIONS GREEN CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907 US		Mailing Address C/O SPIRES & ASSOCIATES 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SPIRES & ASSOCIATES 12737 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>		
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAUREEN, JENNY	NAME		
STREET ADDRESS	12051 GATEWAY GREENS DR., #314	STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913	CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLERJACK, JAMES H	NAME		
STREET ADDRESS	12071 GATEWAY GREENS DR., #214	STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913	CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZICK, JEROME	NAME		
STREET ADDRESS	6821 STONEWOOD CT	STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55346	CITY-ST-ZIP		
TITLE	ASM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUEDDINI, DOUG	NAME	ASM	
STREET ADDRESS	12734 KENWOOD LANE SUITE 49	STREET ADDRESS	MARK RUDLAND	
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	12734 Kenwood Ln, Ste 49 Fort Myers, FL 33907	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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.				
<b>SIGNATURE:</b> _____		7/10/06	259-939-2999	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	