


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90101 026 \*\*\*\*61.25

**DOCUMENT # N42419**

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

40106301



2. Principal Place of Business - No P.O. Box #  
 % American Condo Mgmt  
 Suite, Apt. #, etc.  
 615 Cape Coral Pkwy W, #103

3. Mailing Address  
 % American Condo Mgmt  
 Suite, Apt. #, etc.  
 POB 100399

05012007 Chg-NP CR2E037 (12/06)

City & State  
**CAPE CORAL, FL**

City & State  
**CAPE CORAL, FL**

Zip  
**33914** Country

Zip  
**33910** Country

4. FEI Number  
 65-0248403

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIRES & ASSOCIATES**  
 12737 KENWOOD LANE  
 SUITE 49  
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name  
**SUSAN KASE, CAM**

Street Address (P.O. Box Number is Not Acceptable)  
 % American Condo Mgmt  
 615 Cape Coral Pkwy W., #103

City  
**CAPE CORAL** FL Zip Code  
**33914**

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 *Susan Kase* **SUSAN KASE** 4/30/07  
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.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAUREEN, JENNY 12051 GATEWAY GREENS DR., #314 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLERJACK, JAMES H 12071 GATEWAY GREENS DR., #214 FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZICK, JEROME 6821 STONEWOOD CT EDEN PRAIRIE, MN 55346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK 12734 KENWOOD LN. STE 49 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
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	ST PATRICIA CAMPO 12020 CHAMPIONS Green Way, # FT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" 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	VP LINDA LOUGHMAN 12020 CHAMPIONS Green Way, # 123 FT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" 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: *Pat Campo* **PATRICIA CAMPO** 4/30/07 239-542-4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #