

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42419

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CHAMPIONS GREEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
PO BOX 100399  
CAPE CORAL, FL 339103 US

**New Mailing Address:**

FEI Number: 65-0248403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASE, SUSAN CAM  
C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: CAMPO, PATRICIA  
Address: 12020 CHAMPIONS GROAN WAY, #123  
City-St-Zip: FORT MYERS, FL 33913

Title: PD ( ) Delete  
Name: BOLERJACK, JAMES H  
Address: 12071 GATEWAY GREENS DR., #214  
City-St-Zip: FORT MYERS, FL 33913

Title: VP ( ) Delete  
Name: LOUGHMAN, LINDA  
Address: 12020 CHAMPIONS GROAN WAY, #123  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA CAMPO

ST

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date