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1995 JUN 23 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000945 (6)

1. Corporation Name

CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.

500001532695

-07/07/95--01059--020

*******130.00 *****130.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 746 GULF BREEZE FL 32562	P.O. BOX 746 GULF BREEZE FL 32562

3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 02/24/1994
4. FEI Number APPLIED FOR	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**VAN MATRE, THOMAS G JR.
4300 BAYOU BLVD
SUITE 16
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLZEY, KENNETH W
STREET ADDRESS	1468 CHAMPIONS GREEN DR
CITY - ST - ZIP	GULF BREEZE FL 32562
TITLE	VSTD
NAME	MILLER, SUE C
STREET ADDRESS	1468 CHAMPIONS GREEN DR
CITY - ST - ZIP	GULF BREEZE FL 32562
TITLE	D
NAME	BALLOU, CHERYL
STREET ADDRESS	1468 CHAMPIONS GREEN DR
CITY - ST - ZIP	GULF BREEZE FL 32562
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500001532695
1.4 CITY - ST - ZIP	-07/07/95--01059--021
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	*****25.00 *****25.00
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: _____ President 2/8/95 901-931-1229
Date Daytime Phone

2

N93 - 945

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN _____
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Champions Green III Homeowners Assoc. Inc.

2 Trade name of business, if different from name in line 1 _____

3 Executor, trustee, "care of" name _____

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 746

4b City, state, and ZIP code
Gulf Breeze, FL 32562

5a Business address, if different from address in lines 4a and 4b _____

5b City, state, and ZIP code _____

6 County and state where principal business is located
Santa Rosa, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶
Kenneth W. Ellzey, President

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN) _____ Estate (SSN of decedent) _____ Trust _____

REMIC _____ Personal service corp. _____ Plan administrator-SSN _____ Partnership _____

State/local government National guard _____ Other corporation (specify) _____ Farmers' cooperative _____

Other nonprofit organization (specify) **Homeowners Assoc.** (enter GEN if applicable) _____

Other (specify) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State **Florida** Foreign country _____

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ _____

Hired employees _____

Created a pension plan (specify type) ▶ _____

Banking purpose (specify) ▶ _____

Changed type of organization (specify) ▶ _____

Purchased going business _____

Created a trust (specify) ▶ _____

Other (specify) ▶ **Set up Homeowners Assoc.**

10 Date business started or acquired (Mo., day, year) (See instructions.)
2-17-93

11 Enter closing month of accounting year. (See instructions.)
DEC. 1994

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural Agricultural Household

0

14 Principal activity (See instructions.) ▶ _____

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶ _____ Business (wholesale) _____

N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ _____ Trade name ▶ _____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Kenneth W. Ellzey, President** Business telephone number (include area code) **904-934-1229**

Signature ▶ *Kenneth W. Ellzey* Date ▶ **2-27-95**

Note: Do not write below this line. For official use only.

Please leave blank

Geo.	Ind.	Class	Size	Reason for applying