

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000945 (6)**

1. Corporation Name
CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 748 GULF BREEZE FL 32562	Mailing Address P.O. BOX 746 GULF BREEZE FL 32562-0746
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3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21 CHAMPIONS GREEN DRIVE Suite, Apt. #, etc. 22 City & State 23 GULF BREEZE FL. Zip Country 24 32562 25	2a. Mailing Address 26 POST OFFICE BOX 6302 Suite, Apt. #, etc. 27 City & State 28 GULF BREEZE FL. Zip Country 29 32562 30	4. FEI Number 59-3327409 Applied For Not Applicable	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	6. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLZEY, KENNETH W 1488 CHAMPIONS GREEN DR GULF BREEZE FL 32562 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P RON LEIGH 1400 CHAMPIONS GREEN DR. GULF BREEZE FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, SUE C 1488 CHAMPIONS GREEN DR GULF BREEZE FL 32562 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P ROBERT QUIGLEY 1428 CHAMPIONS GREEN DR GULF BREEZE FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLOU, CHERYL 1488 CHAMPIONS GREEN DR GULF BREEZE FL 32562 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P PETER DETSAUN 1416 CHAMPIONS GREEN DRIVE GULF BREEZE FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RON LEIGH 1400 CHAMPIONS GREEN DRIVE GULF BREEZE FL 32562 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT QUIGLEY 1428 CHAMPIONS GREEN DRIVE GULF BREEZE FL 32562 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETER DETSAUN 1416 CHAMPIONS GREEN DRIVE GULF BREEZE FL 32562 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE: _____ SIGNATURE REQUIRED *Leigh 2/28/97* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # 0074267

CR2E037 (9/96)