

**FILE NOW: FILING FEE IS \$61.25**

APPROVED  
AND  
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98 FEB 24 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # N93000000945 (6)**  
1. Corporation Name  
**CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**CHAMPIONS GREEN DRIVE  
GULF BREEZE FL 32562  
US** **P.O BOX 6302  
GULF BREEZE FL 32562  
US**

3. Date Incorporated or Qualified  
**02/17/1993**  
4. FEI Number **59-3327409**  
Applied For  
Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

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 relistening) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEIGH, RON</b>	
STREET ADDRESS	<b>1400 CHAMPIONS GREEN DR</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUIGLEY, ROBERT</b>	
STREET ADDRESS	<b>1428 CHAMPIONS GREEN DR</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE TSAUN, PETER</b>	
STREET ADDRESS	<b>1416 CHAMPIONS GREEN DRIVE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEIGH, RON</b>	
STREET ADDRESS	<b>1400 CHAMPIONS GREEN DRIVE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>QUIGLEY, ROBERT</b>	
STREET ADDRESS	<b>1428 CHAMPIONS GREEN DRIVE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBAUN, PETER</b>	
STREET ADDRESS	<b>1416 CHAMPIONS GREEN DRIVE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>S - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SUSAN AGRAN</b>	
1.3 STREET ADDRESS	<b>1439 CHAMPIONS GREEN DRIVE</b>	
1.4 CITY-ST-ZIP	<b>GULF BREEZE FL. 32561</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>200002448752--9</b>	
2.3 STREET ADDRESS	<b>-03/06/98--01116--001</b>	
2.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>	
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 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: \_\_\_\_\_

2-2-98

CR2E037 (10/97)