

2002 UNIFORM BUSINESS REPORT (UBR)

1/2:

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-25-2002 90015 016 ****61.25

DOCUMENT # N93000000945

1. Entity Name

CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

CHAMPIONS GREEN DRIVE
 GULF BREEZE FL 32562
 US

Mailing Address

P.O BOX 6302
 GULF BREEZE FL 32562
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3327409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORNETT, FRED	
STREET ADDRESS	1472 CHAMPOINS GREEN DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, BILL	
STREET ADDRESS	1403 CHAMPIONS GREEN DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HABER, GEORGE	
STREET ADDRESS	1412 CHAMPIONS GREEN DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	OR	<input type="checkbox"/> Delete
NAME	SMITH, O R	
STREET ADDRESS	1420 CHAMPIONS GREEN DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KYKENDALL, RACHEL	
STREET ADDRESS	1431 CHAMPIONS GREEN DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President Robert Blake	
STREET ADDRESS	1456 Champions Green Dr.	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Freida Palmer	
STREET ADDRESS	1408 Champions Green Dr.	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arch. Design Doug Sprague	
STREET ADDRESS	1436 Champions Green Dr.	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Smith, O.R.	
STREET ADDRESS	1420 Champions Green Dr.	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member-at-Large Sam McKittrick	
STREET ADDRESS	4119 Tigerpoint Blvd.	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

O.R. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02

934-2759

Date

Daytime Phone #

CRSE037 (9/01)