
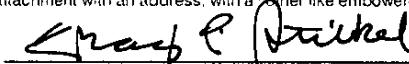


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90406 019 \*\*\*\*61.25

DOCUMENT # N93000000945					
1. Entity Name CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business CHAMPIONS GREEN DRIVE GULF BREEZE, FL 32563-3592 US		Mailing Address 1481 CHAMPION GREEN DR GULF BREEZE, FL 32563-3592 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3327409	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN MATRE, THOMAS G JR. 4300 BAYOU BLVD SUITE 16 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when restoring)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, ROGER		NAME	BLAKE, ROBERT	
STREET ADDRESS	1408 CHAMPIONS GREEN DR		STREET ADDRESS	1456 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 325633592		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATWOOD, MILLARD		NAME	LACY, JANE	
STREET ADDRESS	1424 CHAMPIONS GREEN DR		STREET ADDRESS	1452 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTMAN, MARGARET		NAME	MCLENDON, JERRY	
STREET ADDRESS	1449 CHAMPIONS GREEN DR		STREET ADDRESS	1455 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHLE, DOUGLAS F		NAME	STICKEL, CRAIG	
STREET ADDRESS	1407 CHAMPIONS GREEN DR		STREET ADDRESS	4115 TIGER POINT BLVD	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPNER, HARVEY		NAME	SCOTT, JACK	
STREET ADDRESS	1411 CHAMPIONS GREEN DR		STREET ADDRESS	1471 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKEL, CRAIG		NAME		
STREET ADDRESS	4115 TIGER POINT BLVD		STREET ADDRESS		
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a power of attorney or other like empowered.					
SIGNATURE: 		CRAIG P. STICKEL		4/19/06 850 934-7987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	