


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 044 \*\*\*\*61.25

<b>DOCUMENT # N93000000945</b>					
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 No P.O. Box #		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			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 Numbers Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small> <small>PRINTED NAME OF AGENT OR DIRECTOR EMPLOYED BY CHANGING OFFICE</small> <small>DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
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	BLAKE, ROBERT		NAME	GATWOOD, SUSAN	
STREET ADDRESS	1456 CHAMPIONS GREEN DR		STREET ADDRESS	1424 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		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	LACY, JANE		NAME	MOULTON MARILYN	
STREET ADDRESS	1452 CHAMPIONS GREEN DR		STREET ADDRESS	1427 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	MCLENDON, JERRY		NAME	STANGAS PETER	
STREET ADDRESS	1455 CHAMPIONS GREEN DR		STREET ADDRESS	1444 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKEL, CRAIG		NAME		
STREET ADDRESS	4115 TIGER PT BLVD		STREET ADDRESS		
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JACK		NAME	SCOTT, JONNA	
STREET ADDRESS	1471 CHAMPIONS GREEN DR		STREET ADDRESS	1471 CHAMPIONS GREEN DR	
CITY ST ZIP	GULF BREEZE, FL 32563		CITY ST ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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.					
SIGNATURE: <u>Craig P. Stickel</u>		CRAIG P. STICKEL		3-27-07 850 934-7987	
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Telephone</small>	