

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

71 **Aug 27, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90009 045 \*\*\*\*61.25

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<b>DOCUMENT # N93000000945</b>					
1. Entity Name <b>CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 1481 CHAMPIONS GREEN DR. GULF BREEZE, FL 32563-3592 US			Mailing Address 1481 CHAMPIONS 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		07172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3327409	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
VAN MATRE, THOMAS G JR. 4300 BAYOU BLVD SUITE 16 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008			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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATWOOD, SUSAN		NAME	Curt Baxter	
STREET ADDRESS	1424 CHAMPIONS GREEN DR.		STREET ADDRESS	1423 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTON, MARILYN		NAME	Millard Goutwood	
STREET ADDRESS	1427 CHAMPIONS GREEN DR.		STREET ADDRESS	1424 Champions Green	
CITY-ST-ZIP	GULF BREEZE, FL 325633592		CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGAS, PETER		NAME	Marilyn Moulton	
STREET ADDRESS	1444 CHAMPIONS GREEN DR.		STREET ADDRESS	1427 Champions Green Dr.	
CITY-ST-ZIP	GULF BREEZE, FL 325633592		CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKEL, CRAIG		NAME	OTTO R. SMITH	
STREET ADDRESS	4115 TIGER PT BLVD.		STREET ADDRESS	1420 Champions Green Dr	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	ARCHITECT/DESIGN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JONNA		NAME	George Huber	
STREET ADDRESS	1471 CHAMPIONS GREEN DR.		STREET ADDRESS	1412 Champions Green Dr.	
CITY-ST-ZIP	GULF BREEZE, FL 325633592		CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE		<input type="checkbox"/> Delete	TITLE	(Architectural & Design)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NONE		NAME	NONE	
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 all other like empowered.					
SIGNATURE: <u>OTTO R. SMITH</u> <u>OTTO R. SMITH</u> <u>7/24/08</u> <u>850 934 259</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE					
DAYTIME PHONE #					