


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90221 002 \*\*\*150.00

<b>DOCUMENT # P03000018848</b>	
1. Entity Name <b>CHAMPIONS' CLUB REALTY, INC.</b>	

Principal Place of Business <b>10330 PONTOFINO CIRCLE TRINITY, FL 34655</b>	Mailing Address <b>10330 PONTOFINO CIRCLE TRINITY, FL 34655</b>
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**50054941**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06142005 Chg-P CR2E034 (10/03)

4. FEI Number <b>56-2316733</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WILLIAMS, AMBER F 25400 U.S. 19 NORTH SUITE 116 CLEARWATER, FL 33763</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PLACE, JUNE A 1120 TOSKI DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PLACE, JUNE A 3038 REGAL OAKS BLVD. PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: JUNE A. PLACE **JUNE A. PLACE**  
PRESIDENT, **6/30/05** 727)375-2800  
PSTD

#P03000018846  
50024941

*the*  
**Champions**  
*Club*

June 30, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to request a waiver for the \$400.00 late fee due to non-receipt of the prior notice. I have enclosed \$150.00 filing fee with the Annual Report.

Thank you for your cooperation regarding this matter. Please feel free to call me at 727-375-2800 with any questions you may have.

Sincerely,



June A. Place  
Licensed Real Estate Broker  
Champions' Club Realty, Inc.



ATTACHMENT  
50024941  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

P03000018848

Business Entity Name

CHAMPIONS' CLUB REALTY, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

562316733

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

10330 PONTOFINO CIRCLE

Suite, Apt. #, etc.

City, State

TRINITY

FL

Zip Code &amp; Country

34655

## Mailing Address

Address

10330 PONTOFINO CIRCLE

Suite, Apt. #, etc.

City, State

TRINITY

FL

Zip Code &amp; Country

34655

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WILLIAMS

AMBER

F

-or- RA Business Name

Address (PO Box is not acceptable)

25400 U.S. 19 NORTH

Suite, Apt. #, etc.

SUITE 116

City, State

CLEARWATER

FL

Zip Code &amp; Country

33763

US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

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#P03000018848

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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#7030000888

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

**PRESIDENT**

Officer/Director Signature

Daniel Place

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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Start Over

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**Annual Report Help**