FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S94187** **(9)**

1. Corporation Name

CHAMPAGNE RESIDENTIAL BUILDERS, INC.

Principal Place of Business	Mailing Address
128 ALCALA DR. POINCIANA FL 34758 US	128 ALCALA DR. POINCIANA FL 34758 US

3. Date Incorporated or Qualified: **11/13/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3112519** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 128 ALCALA DR.	26 128 ALCALA DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 POINCIANA, FL	28 POINCIANA, FL
24 Zip 34758 25 Country USA Osceola	29 Zip 34758 30 Country USA

9. Name and Address of Current Registered Agent

MOMAN, DANIEL F.
1135 ST TROPEZ CT.
POINCIANA FL 33759

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the date of signature. NOTE: Registered Agent's signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOMAN, DANIEL F		1.2 NAME		
STREET ADDRESS	~~682 BEAUVILLE CT~~ 1135 St. Tropez Ct.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POINCIANA FL 34759		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, PAUL		2.2 NAME		
STREET ADDRESS	321 SHERBORENE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOMAN, SANDY		3.2 NAME		
STREET ADDRESS	~~682 BEAUVILLE CT.~~ 1135 St Tropez Ct.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34759		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD CHAMPAGNE		4.2 NAME		
STREET ADDRESS	329 CLERMONT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34759		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JAMES E KELSO		5.2 NAME		
STREET ADDRESS	3001 CHEROKEE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL 34772		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel F Moman (407) 870-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #