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
128 ALCALA DR.
POINCIANA FL 34758
US

Mailing Address
128 ALCALA DR.
POINCIANA FL 34758
US

3. Date Incorporated or Qualified: 11/13/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 128 ALCALA DR.
22 Suite, Apt. #, etc.
23 City & State: POINCIANA, FL
24 Zip: 34758 25 Country: USA Osceola

2a. Mailing Address
26 128 ALCALA DR.
27 Suite, Apt. #, etc.
28 City & State: POINCIANA, FL
29 Zip: 34758 30 Country: USA

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

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: _____ Signature, typed or printed name of registered agent and the date below. NOTE: Registered Agent signature required when registering. DATE

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 DEAUVILLE 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 DEAUVILLE 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	30001 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	

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 870-5515
Daytime Phone #

CR2E034 (12/95)