

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011843

**Entity Name:** COUNTRY CLUB AT CHAMPIONSGATE COMMUNITY ASSOCIATION, INC.

**FILED  
Mar 30, 2022  
Secretary of State  
5777151229CC**

**Current Principal Place of Business:**

8977 DOVE VALLEY WAY  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8977 DOVE VALLEY WAY  
CHAMPIONSGATE, FL 33896 US

**FEI Number: 80-0915102**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROBERTS, NEIL  
Address        8977 DOVE VALLEY WAY  
                  COUNTRY CLUB AT  
                  CHAMPIONSGATE  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            VP  
Name            LIGHTBURN, PETER  
Address        8977 DOVE VALLEY WAY  
                  COUNTRY CLUB AT  
                  CHAMPIONSGATE  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            TREASURER  
Name            LUCZYCKI, JOHN  
Address        8977 DOVE VALLEY WAY  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            SECRETARY  
Name            BICKEL, LARRY  
Address        8977 DOVE VALLEY WAY  
                  COUNTRY CLUB AT  
                  CHAMPIONSGATE  
City-State-Zip: CHAMPIONSGATE FL 33896

Title            DIRECTOR  
Name            MCNEVITTS, MARILYN  
Address        8977 DOVE VALLEY WAY  
City-State-Zip: CHAMPIONSGATE FL 33896

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NEILL ROBERTS**

**PRESIDENT**

**03/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date