

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000945

**Entity Name:** CHAMPIONS GREEN III HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**0645618678CC**

**Current Principal Place of Business:**

1481 CHAMPIONS GREEN DR.  
GULF BREEZE, FL 32563-3592

**Current Mailing Address:**

1481 CHAMPIONS GREEN DR.  
GULF BREEZE, FL 32563-3592 US

**FEI Number: 59-3327409**

**Certificate of Status Desired: No**

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

SMITH, GARY  
1481 CHAMPIONS GREEN DR.  
GULF BREEZE, FL 32563 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: GARY SMITH**

**04/06/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BASTONE, JOHN  
Address        1435 CHAMPIONS GREEN DR.  
City-State-Zip: GULF BREEZE FL 32563

Title            T  
Name            SMITH, GARY L  
Address        1419 CHAMPIONS GREEN DR  
City-State-Zip: GULF BREEZE FL 32563

Title            VP  
Name            ROGERS, STEVE  
Address        4465 MADURA DR  
City-State-Zip: GULF BREEZE FL 32563

Title            ARCHITECTURAL REVIEW  
Name            DOGUL, ROBERT  
Address        4119 TIGER POINT BLVD  
City-State-Zip: GULF BREEZE FL 32563

Title            SECRETARY  
Name            SMITH, SALLEY  
Address        1431 CHAMPIONS GREEN DR  
City-State-Zip: GULF BREEZE FL 32563

Title            ARCHITECTURAL REVIEW  
Name            HABER, GEORGE  
Address        1412 CHAMPIONS GREEN DR  
City-State-Zip: GULF BREEZE FL 32563

Title            MEMBER AT LARGE  
Name            DIXON, ANN  
Address        1459 CHAMPIONS GREEN DR  
City-State-Zip: GULF BREEZE FL 32563

Title            CO-TREASURER  
Name            BUSH, MARY  
Address        1419 CHAMPIONS GREEN DR  
City-State-Zip: GULF BREEZE FL 32563

*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: GARY SMITH**

**TREASURER**

**04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date