

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26612** (4)

1. Corporation Name
WOODGATE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2440 STATE ROAD 580
PO BOX 14434
CLEARWATER FL 34629**

3. Date Incorporated or Qualified **05/25/1988** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number **NOT APPLICABLE** 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
**WHITNER, RICHARD H (DELETE)
2201 WILLOW TREE TL
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent
81 Name **SAUBLE, LAURIE**
82 Street Address (P.O. Box Number is Not Acceptable) **2260 BIRCHBARK TRAIL**
83
84 City **CLEARWATER, FL** 85 Zip Code **34623**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **SAUBLE, LAURIE (VP)** *Laurie Sauble* **5 JUNE 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SALMON, ANTHONY W.	
STREET ADDRESS	2430 HAZELWOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATIS, ANNA	
STREET ADDRESS	2217 WHITE OAK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, BENSON	
STREET ADDRESS	2418 HAZELWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAPO, LLOYD	
STREET ADDRESS	2240 TULIP TREE LN	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TINGRUDES, STAVROS	
STREET ADDRESS	2221 TULIP TREE TRAIL	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TREAS.	<input type="checkbox"/> DELETE
NAME	RICHARD, MARIE	
STREET ADDRESS	2242 WHITE OAK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YOUNG, MICHAEL	
1.3 STREET ADDRESS	2342 HAZELWOOD LN.	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34623	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REINKING, KIRK	
2.3 STREET ADDRESS	2218 BIRCHBARK TRAIL	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34623	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAUBLE, LAURIE	
3.3 STREET ADDRESS	2260 BIRCHBARK TRAIL	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34623	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001869255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/20/96--01031--008	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lloyd C. Crapo* **LLOYD C. CRAPO** **21 MAY 1996** **(813) 724-8646**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)