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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
2440 STATE ROAD 580 PO BOX 14434 CLEARWATER FL 34629-4434

3. Date Incorporated or Qualified 05/25/1988
3a. Date of Last Report 06/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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
SAUBLE, LAURIE
2260 BIRCHBARK TRAIL
CLEARWATER FL 34623

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, MICHAEL
STREET ADDRESS	2342 HAZELWOOD LN.
CITY-ST-ZIP	CLEARWATER FL 34623
TITLE	D <input checked="" 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	VP <input checked="" type="checkbox"/> DELETE
NAME	TINGRUDES, STAVROS
STREET ADDRESS	2221 TULIP TREE TRAIL
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERRY, BENSON RUEGER, EVELYN
1.3 STREET ADDRESS	2259 BIRCHBARK TRAIL
1.4 CITY-ST-ZIP	CLEARWATER, FL 34623
2.1 TITLE	<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
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERRY, BENSON
3.3 STREET ADDRESS	2418 HAZELWOOD DR
3.4 CITY-ST-ZIP	CLEARWATER, FL 34623
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER GREENLEES, PETER
4.3 STREET ADDRESS	2229 WILLOW TREE TRAIL
4.4 CITY-ST-ZIP	CLEARWATER, FL 34623
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARTIS, JOHN
5.3 STREET ADDRESS	2248 WILLOW TREE TRAIL
5.4 CITY-ST-ZIP	CLEARWATER, FL 34623
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD, MARIE
6.3 STREET ADDRESS	2242 WHITE OAK CIRCLE
6.4 CITY-ST-ZIP	CLEARWATER, FL 34623

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)