

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26612 (4)**  
 1. Corporation Name  
**WOODGATE III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2440 STATE ROAD 580                  PO BOX 14434                  CLEARWATER FL 34629</b>	Mailing Address <b>2440 STATE ROAD 580                  PO BOX 14434                  CLEARWATER FL 34629</b>
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3. Date Incorporated or Qualified  
**05/25/1988**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33766</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33766</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**S SAUBLE, LAURIE  
 2280 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 33763**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEGER, EVELYN	1.2 NAME	
STREET ADDRESS	2259 BIRCHBARK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINKING, KIRK	2.2 NAME	
STREET ADDRESS	2218 BIRCHBARK TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, BENSON	3.2 NAME	
STREET ADDRESS	2418 HAZELWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEES, PETER	4.2 NAME	
STREET ADDRESS	2229 WILLOW TREE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARITS, JOHN	5.2 NAME	
STREET ADDRESS	2248 WILLOW TREE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, MARIE	6.2 NAME	
STREET ADDRESS	2242 WHITE OAK CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Peter M. Deaton* *Peter M. Greenlees* 1-10-98 813-725-9189

CR2E037 (10/97)

**WOODGATE III HOMEOWNERS ASSOCIATION  
P.O. BOX 14434  
CLEARWATER, FL 33766**

10 January 1998

Division of Corporations  
Annual Reports Filing  
PO Box 1500  
Tallahassee, Fl 32302

The following list is the additional Board members that did not fit in box 12;

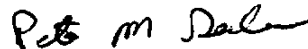
D  
Tim Johns  
2325 Hawthorne Dr.  
Clearwater, Fl 33763

D  
Kathy Gaeta  
2376 Barkwood Pass  
Clearwater, Fl 33763

D  
Lloyd Crapo  
2240 Tulip Tree Lane  
Clearwater, Fl 33763

Thank you for your attention to this list.

Sincerely,



Peter M. Greenlees  
President