


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N26612
 1. Entity Name
WOODGATE III HOMEOWNERS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 2440 STATE ROAD 580 PO BOX 14434 CLEARWATER, FL 33766 US | Mailing Address 2440 STATE ROAD 580 PO BOX 14434 CLEARWATER, FL 33766 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 HAMPTON, HELEN
 2261 WILLOW TREE TRAIL
 CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|---------------|--|
| TITLE P | PASHOIAN, STEVE 2360 HAZELWOOD LANE CLEARWATER, FL 33763 |
| TITLE VP | PARKER, DAVID 2351 WHITE OAK CIRCLE CLEARWATER, FL 33763 |
| TITLE TREA | HAMPTON, HELEN 2261 WILLOW TREE TRAIL CLEARWATER, FL 33763 |
| TITLE DEED | ARMITAGE, FRANK 2217 WHITE OAK CIRCLE CLEARWATER, FL 33763 |
| TITLE SEC | WILL, KASANDRA 2315 BARKWOOD PASS CLEARWATER, FL 33763 |
| TITLE DIRE | DETVILER, JOHN 2241 BIRCHBARK TRAIL CLEARWATER, FL 33763 |

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00000582137
 01/11/07-80019-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen M. Hampton* **HELEN M. HAMPTON** 1-8-07 727-724-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #