


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N26612 1. Entity Name WOODGATE III HOMEOWNERS ASSOCIATION, INC.	
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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
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01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

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

DATE
 01/10/08-80005-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PASHOIAN, STEVE
STREET ADDRESS	2360 HAZELWOOD LANE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VP
NAME	PARKER, DAVID
STREET ADDRESS	2351 WHITE OAK CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	TREA
NAME	HAMPTON, HELEN
STREET ADDRESS	2261 WILLOW TREE TRAIL
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	DEED
NAME	ARMITAGE, FRANK
STREET ADDRESS	2217 WHITE OAK CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	SEC
NAME	WILL, KASANDRA
STREET ADDRESS	2315 BARKWOOD PASS
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	DIRE
NAME	DETVILER, JOHN
STREET ADDRESS	2241 BIRCHBARK TRAIL
CITY-ST-ZIP	CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

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 Hampton 1-5-08 727-799-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #