

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001406

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** SOUTH FORK OF HILLSBOROUGH COUNTY III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2502 NORTH ROCKY POINT DRIVE STE. 1050  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2502 NORTH ROCKY POINT DRIVE STE. 1050  
TAMPA, FL 33607

**New Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE #301  
ST. PETERSBURG, FL 33702

FEI Number: 20-4779384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROHAUER, GARY N ESQ  
BAXTER STROHAUER MANNION & SILBERMANN, P.A  
1150 CLEVELAND STREET STE 300  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RYAN, JOHN M  
Address: 2502 NORTH ROCKY POINT DRIVE STE. 1050  
City-St-Zip: TAMPA, FL 33607

Title: DS ( ) Delete  
Name: LAWSON, MICHAEL  
Address: 2502 NORTH ROCKY POINT DRIVE STE. 1050  
City-St-Zip: TAMPA, FL 33607

Title: DT ( ) Delete  
Name: RAY, PAUL JR  
Address: 2502 NORTH ROCKY POINT DRIVE STE. 1050  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LAWSON, MIKE  
Address: 2502 NORTH ROCKY POINT DRIVE STE. 1050  
City-St-Zip: TAMPA, FL 33607

Title: TSD (X) Change ( ) Addition  
Name: GARDNER, JACQUI  
Address: 2502 NORTH ROCKY POINT DRIVE STE. 1050  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RYAN

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date