

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26612

**Entity Name:** WOODGATE III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2440 STATE ROAD 580  
SUITE 14434  
CLEARWATER, FL 33766

**Current Mailing Address:**

PO BOX 14434  
CLEARWATER, FL 33766 US

**FEI Number: 59-2985022**

**Certificate of Status Desired: No**

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

MORRISSETT, ALAN  
2352 BARKWOOD PASS  
CLEARWATER, FL 33763 US

*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:** ALAN MORRISSETT

**03/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLANK, MICHAEL  
Address        2303 BARKWOOD PASS  
City-State-Zip: CLEARWATER FL 33763

Title            DEED  
Name            MAYFIELD, MATT  
Address        2401 HAZELWOOD LANE  
City-State-Zip: CLEARWATER FL 33763

Title            TREASURER  
Name            BREWER, WILLIAM  
Address        2223 BIRCHBARK TRAIL  
City-State-Zip: CLEARWATER FL 33763

Title            BEAUTIFICATION  
Name            SWANSON, LISA  
Address        2245 TULIP TREE LANE  
City-State-Zip: CLEARWATER FL 33763

Title            NEWSLETTER  
Name            BREWER, KATHRYN  
Address        2223 BIRCHBARK TRAIL  
City-State-Zip: CLEARWATER FL 33763

Title            SECRETARY  
Name            SAUBLE, LAURIE  
Address        2266 BIRCHBARK TRAIL  
City-State-Zip: CLEARWATER FL 33763

Title            BOOKKEEPER  
Name            MORRISSETT, ALAN  
Address        2352 BARKWOOD PASS  
City-State-Zip: CLEARWATER FL 33763

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN MORRISSETT

**BOOKKEEPER**

**03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date