

**2018 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:**

2440 STATE ROAD 580  
SUITE 14434  
CLEARWATER, FL 33766 US

**FEI Number:** 59-2985022

**Certificate of Status Desired:** No

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

REEVES, ROBERT  
2242 BIRCHBARK TRAIL  
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:** \_\_\_\_\_

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            TREA  
Name            REEVES, ROBERT  
Address        2242 BIRCHBARK TRAIL  
City-State-Zip: CLEARWATER FL 33763

Title            DEED  
Name            YOUNG, MICHAEL  
Address        2342 HAZELWOOD LANE  
City-State-Zip: CLEARWATER FL 33763

Title            SEC  
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            VP  
Name            PENNINO, JOSEPH III  
Address        2440 STATE ROAD 580  
                 SUITE 14434  
City-State-Zip: CLEARWATER FL 33766

Title            NEWSLETTER  
Name            BREWER, KATHRYN  
Address        2223 BIRCHBARK TRAIL  
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: ROBERT REEVES**

**TREASURER**

**01/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date