2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734250

FILED Mar 13, 2007 Secretary of State

Entity Name: WINDING WOOD CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

WINDING WOOD CONDO III ASSOC
PO BOX 16834
CLEARWATER, FL 33766 US
WINDING WOOD CONDO III ASSOC
2708 ALT 19 NORTH SUITE 603
PALM HARBOR, FL 34863 US

Current Mailing Address: New Mailing Address:

WINDING WOOD CONDO III ASSOC
PO BOX 16834
CLEARWATER, FL 33766 US
WINDING WOOD CONDO III ASSOC
2708 ALT 19 NORTH SUITE 603
PALM HARBOR, FL 34683 US

FEI Number: 59-1630627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUXTON PROP. INC

147 N BELCHER RD

LARGO, FL 33771 US

PMS MANAGEMENT SERVICES
2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 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: COLETTE CILIBERTI 03/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: GIFFORD, DEBRA Name:

 Name:
 GIFFORD, DEBRA
 Name:

 Address:
 2729 HAVERHILL CT 47-D
 Address:

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition Name: HILER, WILLIAM Name: HILER, WILLIAM

 Address:
 2735 HAVERHILL CT 46-B
 Address:
 2735 HAVERHILL CT 46-D

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

Title: VD () Delete Title: () Change () Addition

 Name:
 CARDUCCI, NANCY
 Name:

 Address:
 2724 HAVERHILL CT, #32D
 Address:

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA GIFFORD PD 03/13/2007