

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734250

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** WINDING WOOD CONDOMINIUM III ASSOCIATION, INC.

**Current Principal Place of Business:**

WINDING WOOD CONDO III ASSOC  
2708 ALT 19 NORTH SUITE 603  
PALM HARBOR, FL 34863 US

**New Principal Place of Business:**

PMS MANAGEMENT  
2708 ALT 19 NORTH SUITE 603 A  
PALM HARBOR, FL 34863 US

**Current Mailing Address:**

WINDING WOOD CONDO III ASSOC  
2708 ALT 19 NORTH SUITE 603  
PALM HARBOR, FL 34863 US

**New Mailing Address:**

PMS MANAGEMENT  
2708 ALT 19 NORTH SUITE 603  
PALM HARBOR, FL 34863 US

**FEI Number:** 59-1630627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PMS MANAGEMENT SERVICES  
2708 ALT 19 NORTH  
SUITE 603  
PALM HARBOR, FL 34863 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: PD ( ) Delete  
Name: GIFFORD, DEBRA  
Address: 2729 HAVERHILL CT 47-D  
City-St-Zip: CLEARWATER, FL 33761

Title: STD ( ) Delete  
Name: HILER, WILLIAM  
Address: 2735 HAVERHILL CT 46-D  
City-St-Zip: CLEARWATER, FL 33761

Title: VD ( ) Delete  
Name: CARDUCCI, NANCY  
Address: 2724 HAVERHILL CT, #32D  
City-St-Zip: CLEARWATER, FL 33761

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

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

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

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

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: DEBRA GIFFORD

PRES

03/27/2008

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

\_\_\_\_\_  
Date