

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90013 032 \*\*\*\*61.25

**DOCUMENT # 756030**

1. Entity Name

**VETERANS VILLAS III HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2744 BRADLEY COURT  
NEW PORT RICHEY FL 34655  
US**

**2944 BRADLEY COURT  
NEW PORT RICHEY FL 34655  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2092010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, FRED  
3205 PAYNE ST  
NEW PORT RICHEY FL 34655**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, HERCHEL	
STREET ADDRESS	2937 BRADLEY CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBANESE, JOHANA	
STREET ADDRESS	2936 STILLWELL CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	

TITLE	ST	<input type="checkbox"/> Delete
NAME	CONIGLIO, THERESA	
STREET ADDRESS	2915 BRADLEY CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, S.	
STREET ADDRESS	2934 FORRESTAL COURT	
CITY - ST - ZIP	NEW PORT RICHEY FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	PASQUALE, ANN	
STREET ADDRESS	2901 BRADLEY CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVERS, MICHAEL	
STREET ADDRESS	2936 BRADLEY CT	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITHS, RAY	
STREET ADDRESS	2918 BRADLEY CT	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Fred Williams* President

1-27-07

727-312-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #