## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007231

FILED Aug 16, 2007 Secretary of State

Entity Name: SPRINGWOOD ESTATES UNIT III HOMEOWNERS' ASSOCIATION, INC.

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

1964 BAYSHORE BLVD. 15275 ALBA DR.

DUNEDIN, FL 34698 SPRING HILL, FL 34604

Current Mailing Address: New Mailing Address:

1964 BAYSHORE BLVD. 15275 ALBA DR.

DUNEDIN, FL 34698 SPRING HILL, FL 34604

FEI Number: 77-0676341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CIANFRONE, JOSEPH R ESQ. FERRANTE, MICHAEL P 1964 BAYSHORE BLVD. FERRANTE, MICHAEL P 15275 ALBA DR.

DUNEDIN, FL 34698 US SPRING HILL, FL 34604 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: MICHAEL P. FERRANTE 08/16/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: DIR (X) Change ( ) Addition

Name:WILLIAMS, DAVIDName:FERRANTE, MICHAELAddress:5623 US HWY. 19 N.Address:15275 ALBA DR.

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: SPRING HILL, FL 34604

Title: D ( ) Delete Title: DIR (X) Change ( ) Addition Name: FIEBE, CRAIG Name: FAUST, JOSEPH

 Address:
 5623 US HWY. 19 N.
 Address:
 3443 CLEAR SPRING DR.

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:
 SPRING HILL, FL 34604

Title: D ( ) Delete Title: DIR (X) Change ( ) Addition

 Name:
 GALLAGHER, CRAIG
 Name:
 POLLETTA, JOSEPH

 Address:
 5623 US HWY. 19 N.
 Address:
 15545 EASTWOOD TRAIL

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:
 SPRING HILL, FL 34604

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: MICHAEL P. FERRANTE DIR 08/16/2007