


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007231 1. Entity Name SPRINGWOOD ESTATES UNIT III HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 15275 ALBA DR. SPRING HILL, FL 34604	Mailing Address 15275 ALBA DR. SPRING HILL, FL 34604
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01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0676341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRANTE, MICHAEL P
15275 ALBA DR.
SPRING HILL, FL 34604

**DO NOT WRITE
IN THIS SPACE**

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

Michael P Ferrante

(NOTE: Registered Agent signature required when reinstating)

1-14-2008

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000786241
01/17/08-80032-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FERRANTE, MICHAEL 15275 ALBA DR. SPRING HILL, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FAUST, JOSEPH 3443 CLEAR SPRING DR. SPRING HILL, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR POLLETTA, JOSEPH 15545 EASTWOOD TRAIL SPRING HILL, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Michael P Ferrante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2008

Date

Daytime Phone #