

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 17, 2008**  
**Secretary of State**

DOCUMENT# N06000007231

**Entity Name:** SPRINGWOOD ESTATES UNIT III HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**15275 ALBA DR.  
SPRING HILL, FL 34604**New Principal Place of Business:****Current Mailing Address:**15275 ALBA DR.  
SPRING HILL, FL 34604**New Mailing Address:****FEI Number:** 77-0676341**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FERRANTE, MICHAEL P  
15275 ALBA DR.  
SPRING HILL, FL 34604 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: DIR ( ) Delete  
Name: FERRANTE, MICHAEL  
Address: 15275 ALBA DR.  
City-St-Zip: SPRING HILL, FL 34604

Title: DIR ( ) Delete  
Name: FAUST, JOSEPH  
Address: 3443 CLEAR SPRING DR.  
City-St-Zip: SPRING HILL, FL 34604

Title: DIR ( ) Delete  
Name: POLLETTA, JOSEPH  
Address: 15545 EASTWOOD TRAIL  
City-St-Zip: SPRING HILL, FL 34604

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

Title: DIR (X) Change ( ) Addition  
Name: LONGMAN, SUSAN  
Address: 15553 EASTWOOD TRAIL  
City-St-Zip: BROOKSVILLE, FL 34604

Title: DIR (X) Change ( ) Addition  
Name: BRAHE, CHAMP  
Address: 15537 EASTWOOD TRAIL  
City-St-Zip: BROOKSVILLE, FL 34604

Title: DIR (X) Change ( ) Addition  
Name: CAMACHO, MIKI  
Address: 15271 DYLA WAY  
City-St-Zip: BROOKSVILLE, 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: SUSAN LONGMAN

DIR

10/17/2008

Electronic Signature of Signing Officer or Director

Date