


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004616	
1. Entity Name THE WOODS, PHASE III HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 105 WOOD TRAIL PANAMA CITY, FL 32405 US	Mailing Address 105 WOOD TRAIL PANAMA CITY, FL 32405 US
---	---



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3401097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAWRENCE, WILLIAM 105 WOOD TRAIL PANAMA CITY, FL 32405
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, IKE 102 WOOD TRAIL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWRENCE, WILLIAM 105 WOOD TRAIL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANLEY, WAYNE 100 WOOD TRAIL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMAN, RICHARD 404 WOOD TRAIL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000410202
02/03/06-80026-024 61.25

**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 817, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Lawrence Jan 27, 2006 (850) 769-4781