

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90054 017 \*\*\*\*61.25

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01102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N96000004616</b> 1. Entity Name <b>THE WOODS, PHASE III HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>105 WOOD TRAIL PANAMA CITY, FL 32405 US</b>			Mailing Address <b>105 WOOD TRAIL PANAMA CITY, FL 32405 US</b>		
2. Principal Place of Business - No P.O. Box # <b>103 WOOD TRAIL</b>		3. Mailing Address <b>103 WOOD TRAIL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PANAMA CITY, FL</b>		City & State <b>PANAMA CITY, FL</b>		4. FEI Number <b>59-3401097</b>	
Zip <b>32405</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, WILLIAM 105 WOOD TRAIL PANAMA CITY, FL 32405</b>			7. Name and Address of New Registered Agent Name <b>FANTASKI, JAMIES</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 WOOD TRAIL</b> City <b>PANAMA CITY</b> <b>FL</b> Zip Code <b>32405</b>		
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 <i>James Fantaski</i> <span style="float: right;">15 JAN 2007</span> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RHODES, IKE 102 WOOD TRAIL PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STALVEY, WAYNE 100 WOOD TRAIL PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAWRENCE, WILLIAM 105 WOOD TRAIL PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAWRENCE, WILLIAM 105 WOOD TRAIL PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STANLEY, WAYNE 100 WOOD TRAIL PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FANTASKI, JAMES 103 WOOD TRAIL PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BAUMAN, RICHARD 404 WOOD TRAIL PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>James Fantaski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			15 JAN 2007		850-763-0176 <small>Daytime Phone #</small>