## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 15, 2008 8:00 am Secretary of State DOCUMENT # N96000004616 1. Entity Name 05-15-2008 90028 039 \*\*\*\*61.25 THE WOODS, PHASE III HOMEOWNER'S ASSOCIATION, Principal Place of Business Mailing Address 103 WOOD TRAIL 103 WOOD TRAIL PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3401097 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANTASKI, JAMES 103 WOOD TRAIL Street Address (P.O. Box Number is Not Acceptable) PANANMA CITY FL 32405 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prince mans of logistered agent and hite if applicable. (NOTE: Bay stored Agent signapure required when reinstang) FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delate TITLE Change Addition STALVEY, WAYNE NAME NAME STREET ADDRESS 100 WOOD TRAIL STREET ADDRESS PANAMA CITY FL 32405 CITY - ST - ZIP CITY-ST-ZIP COOLEY RICHARD Change Deinte TITLE Addition TITLE LAWRENCE, WILLIAM NAME NAME 105 WOOD TRAIL STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP T:TI F - Dalakı-TIT! E FANTASKI, JAMES NAME NUME STREET ADDRESS 103 WOOD TRAIL STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NARRE BAUMAN, RICHARD NAME STREET ADDRESS 404 WOOD TRAIL STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Delete Change ☐ Addition NAME NIA FAE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY+SI-ZIP ☐ Change Delete TITLE Addition THUE NAME NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 is the property of the corporation of 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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

850-763-0176

FILED