


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 038 ****61.25

DOCUMENT # N98000006294					
1. Entity Name KANAPAH PINES UNIT III OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653			Mailing Address 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3628153	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RHINESMITH, PATRICIA BOSSHARDT PROPERTY MGT. 5522 NW 43RD STREET SUITE B GAINESVILLE, FL 32653			Name <u>DEBBIE S. HOUDERSHELT</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 BOSSHARDT PROPERTY MANAGEMENT INC</u> <u>5522-NW 43 ST.</u> City <u>GAINESVILLE</u> FL Zip Code <u>32653</u>		
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 <u>Debbie S. Houdershel</u> <u>DEBBIE S. HOUDERSHELT</u>			DATE <u>4-26-07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAN CLEAVE, LARRY <input type="checkbox"/> Delete 10004 SW 87 TERRACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOM McCAFFERTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10007 SW 87 TERR. GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CROW, BILL <input type="checkbox"/> Delete 8808 SW 98 AVENUE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRISWOLD, TED <input type="checkbox"/> Delete 8724 SW 98 AVENUE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PUCKETT, DONNA <input checked="" type="checkbox"/> Delete 8805 SW 98 AVENUE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANEFEE, MIKE <input type="checkbox"/> Delete 10003 SW 90TH ST. GAINESVILLE, FL 32608		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: <u>Edwin Griswold</u> <u>Edwin Griswold</u>			Date <u>4-26-07</u>		