

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771214 (4)

1. Corporation Name

WOODLAKE CONDOMINIUM ASSOCIATION OF MARCO SHORES
, INC.

Principal Place of Business

Mailing Address

100 WOODLAKE CIRCLE
NAPLES FL 33961

100 WOODLAKE CIRCLE
NAPLES FL 33961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1983
3a. Date of Last Report 02/23/1994
4. FEI Number 59-2560240
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAUERHASE, GEROLD
175 SOCIETY COURT
MARCO ISLAND FL 33937

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME DICKEY, ROBERT W
STREET ADDRESS 333 CERRUS DR
CITY - ST - ZIP NAPLES FL
TITLE DP
NAME ALVES, CHARLES S
STREET ADDRESS 204 BREAM DR.
CITY - ST - ZIP NAPLES FL
TITLE DV
NAME RHODE, WILLIAM
STREET ADDRESS 2545 KINGS LAKE BLVD.
CITY - ST - ZIP NAPLES FL
TITLE DV
NAME BOTTINO, ALFONZO
STREET ADDRESS 1646 FIRST AVE., APT. #18G
CITY - ST - ZIP NEW YORK NY
TITLE DS
NAME ANDELMAN, EDWARD A
STREET ADDRESS 1527 BUCCANEER CT
CITY - ST - ZIP MARCO ISLAND FL
TITLE DT - TREASURER
NAME HUNT, KENNETH R
STREET ADDRESS 400 WORTHINGTON ST
CITY - ST - ZIP MARCO ISLAND FL

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE VPRES/SEC ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE PRESIDENT ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE DIRECTOR ☒ Change ☐ Addition
5.2 NAME LISA DAMASO
5.3 STREET ADDRESS 402 DRACEN ADR.
5.4 CITY - ST - ZIP NAPLES, FL 33961
6.1 TITLE DIRECTOR ☒ Change ☐ Addition
6.2 NAME William Griffin
6.3 STREET ADDRESS 222 E. 93rd St. - 13G
6.4 CITY - ST - ZIP NEW YORK, NY 10128

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William E. Tyson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. TYSON

4-22-95 (813) 774-3629
Date Daytime Phone #