

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11458 (9)
1. Corporation Name
WOODLAKE SEWAGE DISTRICT, INC.



Principal Place of Business: ~~606 BALD EAGLE DR S500 MARCO ISLAND FL 33937 US~~
Mailing Address: ~~P-O BOX 1 606 BALD EAGLE DR. STE 500 MARCO ISLAND FL 33969 US~~

3. Date Incorporated or Qualified: **10/08/1985**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **06-1157137**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 100 Woodlake Circle**
Suite, Apt. #, etc.:
City & State: **23 Naples FL**
Zip: **24 33961** Country: **25 USA**
2a. Mailing Address: **26 100 Woodlake Circle**
Suite, Apt. #, etc.:
City & State: **28 Naples FL**
Zip: **29 33961** Country: **30 USA**

9. Name and Address of Current Registered Agent
WOODWARD, CRAIG R., ESQUIRE
606 BALD EAGLE DRIVE, SUITE 500
ISLAND TOWER BUILDING
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name Rhode, Edward W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 100 Woodlake Circle
84 City Naples FL **85 Zip Code 33961**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **2-16-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, ROBERT A.	
STREET ADDRESS	45 WEST AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODWARD, CRAIG R.	
STREET ADDRESS	606 BALD EAGLE DR., #500	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, NANCY	
STREET ADDRESS	45 WEST AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rhode, Edward W.	
1.3 STREET ADDRESS	2545 Kings Lake Blvd.	
1.4 CITY-ST-ZIP	Naples, FL 33962	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tyson, William J.	
2.3 STREET ADDRESS	732 Hernando	
2.4 CITY-ST-ZIP	Marco Island, FL 33937	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bottino, Alfonse	
3.3 STREET ADDRESS	1646 First Ave., Apt. 18G	
3.4 CITY-ST-ZIP	New York City, NY 10028	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gasperi, Steve	
4.3 STREET ADDRESS	413 Draceana Dr.	
4.4 CITY-ST-ZIP	Naples, FL 33961	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cervantes, Juan	
5.3 STREET ADDRESS	6 Salinas Dr.	
5.4 CITY-ST-ZIP	Naples, FL 33961	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 J. Tyson, Treasurer* **16 FEB 96 941 774 3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)