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Mar 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 100 WOODLAKE CIRCLE, NAPLES FL 34114 US  
 Mailing Address: C/O W.D. KRAMER, 1838 40TH TERRACE S.W., NAPLES FL 34116 US

3. Date Incorporated or Qualified: 10/08/1985  
 4. FEI Number: 06-1157137

2. Principal Place of Business: 21 100 WOODLAKE CIRCLE  
 Suite, Apt. #, etc.: 22 DELETE  
 City & State: 23  
 Zip: 24 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 KRAMER, WILLIAM D  
 1838-40TH TERRACE S.W.  
 ISLAND TOWER BUILDING  
 NAPLES FL 34116

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 DELETE  
 84 City  
 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RHODE, EDWARD W 2545 KINGS LAKE BLVD NAPLES FL	1.1 TITLE	William Rhode PD
NAME		1.2 NAME	109 DORAL Circle
STREET ADDRESS		1.3 STREET ADDRESS	Naples, FL 34112
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD TYSON, WILLIAM J 732 HERNANDO MARCO ISLAND FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	34145
TITLE	VPD BOTTINO, ALFONSE 1646 1ST AVE APT 18G NEW YORK CITY NY	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GASPERI, STEVE 413 DRACEANA DR NAPLES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CERVANTES, JUAN 6 SALINAS DR NAPLES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Rhode* PRESIDENT William Rhode 11/16/98 941-732-3009

CR2E037 (10/97)