FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400002796 (0)

WOODGATE ESTATES PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919

8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919-4882

FILED Apr 14 1997 8:00am Secretary of State



	3							3. Date Incorporated or Qualified 06/01/1994	3a. Da	te of Last F 12/09/19	Report 96	
2. Principal Place of Business			2a. Mailing Add	2a. Mailing Address				4. FEI Number		A	pplied For	
21			26	26				65-0696074		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	е		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28	4				Trust Fund Contribution			to Fees	
Zip					Country	Y		8. This corporation has liability for i			s. 199.032,	
24		25	29						Yes [
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name												
1							UT TYATHE					
FOSTER, GLENN A JR. 8801 COLLEGE PARKWAY, SUITE 1						Str	eet Addre	dress (P.O. Box Number is Not Acceptable)				
FORT M			83	83								
ļ					84	Cit	<i>y</i>	·	FL	85 Zip	Code	
11. Pursuant office or r	to the provis	ions of Sections 617.0	502 and 617,1508, Flori	da Statules,	the abov	e-nan v the	ned corpo	oration submits this statement for the p	urpose of	changing i	ts registered 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	Clanative bear	or printed name of registered	and and title it and only	(NOTE: D	nintara A.			d when reinstating)	DATE		- - Ì	
12.	Signature, types	<u> </u>	AND DIRECTORS	(NOTE: HO	13.	ent sign	ature require	ADDITIONS/CHANGES TO OFFIC		DIBLOTO	RS IN 12	
TITLE	PD	OT TOLLIO	L. Di	ELETE	1.1 TITLE			7.00/1/0/0/0/0/0/0/0	2.107.10	Change	Addition	
1 1	NAME FOSTER, GLENN A JR					1.2 NAME					_ i	
STREET ADDRESS	8801 CC	SUITE 1		1.3 STREET	r addre	ss				j		
CITY-ST-ZIP		YERS FL 33919			1.4 CITY- S						1	
TITLE	D		□ DI	ELETE	2.1 TITLE			······		Change	Addition	
NAME	D'ALESSANDRO, FRANK					2.2 NAME					ļ	
STREET ADDRESS	8801 CC		2.3 STREET ADDRESS						ļ			
CITY-ST-ZIP	FORT M	· ·	2. 4 CITY-ST-ZIP						[
TITLE	D DELETE						1			Change	☐ Addition	
NAME	DILLARD, MICHAEL 33											
STREET ADDRESS		LLEGE PARKWAY		į	3.3 STREET ADDRESS						l	
CITY-ST-ZIP						S1 - ZIP						
ากกะ			DE DE	LETE	4.1 TITLE			7		Change	Addition	
NAME					4. 2 NAME		İ	•				
STREET ADDRESS					4.3 STREET	ADDRE	ss					
CITY-ST-ZIP	<u> </u>					T-ZIP						
TITLE			□ DE	Lt IE	5.1 T(TLE		1			Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET		SS					
CITY-ST-ZIP				D CTC	5.4 CITY-S	T-ZIP		····		Ch	1,2391	
TITLE			☐ DE	CFELE	6.1 TITLE					Change	☐ Addition	
NAME					6.2 NAME							
STREET ADDRESS			\wedge		6.3 STREET		SS					
CITY-ST-ZIP	ny certify the	the information suppl	had with this filing does	not qualify fo	64 CITY-S	mptic	n stated i	In Section 119.07(3)(i), Florida Statutes	Lfurther	certify that	the	

Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 of an attachment with an address.