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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002796

1. Corporation Name
WOODGATE ESTATES PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919	Mailing Address 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919
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2. Principal Place of Business 21 4516 Longboat Lane	2a. Mailing Address 26 4516 Longboat Lane	3. Date Incorporated or Qualified 06/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0696074
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33919	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FOSTER, GLENN A JR. 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4516 Longboat Lane 83 84 City Fort Myers FL 85 Zip Code 33919
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, GLENN A JR 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4516 Longboat Lane Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALESSANDRO, FRANK 8801 COLLEGE PARKWAY, SUITE 1 FORT MYERS FL 33919	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4516 Longboat Lane Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLARD, MICHAEL 8801 COLLEGE PARKWAY FORT MYERS FL 33919	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4516 Longboat Lane Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **GLENN A. FOSTER, JR.** **3/15/99** **405-321-7297**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)