

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002796

1. Entity Name

WOODGATE ESTATES PROPERTY OWNERS ASSOCIATION, IN

FILED

01 FEB -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4516 LONGBOAT LANE
FORT MYERS FL 33919

Mailing Address

4516 LONGBOAT LANE
FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, GLENN A JR.
4516 LONGBOAT LANE
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FOSTER, GLENN A JR
STREET ADDRESS 4516 LONGBOAT LANE
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS 000003746280--1
CITY-ST-ZIP -02/21/01--01117--001
****172.50 *****61.25 ☐ Change ☐ Addition

TITLE D
NAME D'ALESSANDRO, FRANK
STREET ADDRESS 4516 LONGBOAT LANE
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DILLARD, MICHAEL
STREET ADDRESS 4516 LONGBOAT LANE
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenn A. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-01 405/21-7797

CR2E037 (10/00)