


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90128 018 \*\*\*\*61.25

**DOCUMENT # N94000002796**

1. Entity Name  
**WOODGATE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 9411 CYPRESS LAKE DR  
 STE 2  
 FORT MYERS, FL 33919

Mailing Address  
 C/O SCHOO MANAGEMENT  
 9411 CYPRESS LAKE DR STE 2  
 FORT MYERS, FL 33919

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0696074**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CRUZ, BRYAN**  
**C/O SCHOO MANAGEMENT**  
**9411 CYPRESS LAKE DR STE 2**  
**FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SYSKA, ANDREW J	
STREET ADDRESS	8840 WOODGATE DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALUMBO, CAROL	
STREET ADDRESS	8881 WOODGATE DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKLEY, CAROLYN	
STREET ADDRESS	8811 WOODGATE DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ANA M	
STREET ADDRESS	8990 WOODGATE MANOR CT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, KAREN	
STREET ADDRESS	8811 WOODGATE MANOR CT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Syska	
STREET ADDRESS	8840 Woodgate Dr	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Krivas	
STREET ADDRESS	8790 Woodgate Manor Court	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Buckley	
STREET ADDRESS	8811 Woodgate Dr	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Haugsjaa	
STREET ADDRESS	8841 Woodgate Dr	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Stewart	
STREET ADDRESS	8821 Woodgate Dr	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Rini	
STREET ADDRESS	8850 Woodgate Dr	
CITY-ST-ZIP	Fort Myers, FL 33908	

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: \_\_\_\_\_ Date: **4-25-05** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR