

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/

04-30-2003 90126 044 ****61.25

DOCUMENT # N94000002796



1. Entity Name

WOODGATE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**C/O HENKE PROPERTY MGMT
PO BOX 07038
FORT MYERS FL 33919**

Mailing Address

**C/O HENKE PROPERTY MGMT
PO BOX 07038
FORT MYERS FL 33919**

55042119

2. Principal Place of Business

9411 CYPRESS LAKE DR.

Suite, Apt. #, etc.

SUITE 2

City & State

FT. MYERS, FL

3. Mailing Address

C/O SCHOO MANAGEMENT

Suite, Apt. #, etc.

9411 CYPRESS LAKE DR. SUITE 2

City & State

FT. MYERS, FL

☐ CHECK HERE IF MAKING CHANGES

33919

Country

33919

Country

4. FEI Number **65-0696074**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**HENKE, CAROL J
C/O HENKE PROPERTY MANAGEMENT, INC.
6213-A PRESIDENTIAL COURT
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **Bryan Cruz**
Street **C/O SCHOO MANAGEMENT**
City **9411 CYPRESS LAKE DR. SUITE 2**
City **FT. MYERS** **FL** Zip Code **33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW: FEE IS \$61.25

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** ☒ Delete
NAME **DOWLING, FRED**
STREET ADDRESS **8841 WOODGATE MANOR CT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **VPD** ☐ Delete
NAME **BELISLE, ERIC**
STREET ADDRESS **8810 WOODGATE MANOR CT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **SD** ☒ Delete
NAME **WOOD, ROB**
STREET ADDRESS **8801 WOODGATE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Syska, Andrew J.**
STREET ADDRESS **8840 Woodgate Dr.**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Belisle, Eric**
STREET ADDRESS **8810 Woodgate Manor Ct**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **SD** ☐ Change ☒ Addition
NAME **Frances Doerre**
STREET ADDRESS **8820 Woodgate Dr**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☐ Change ☒ Addition
NAME **Carolyn Buckley**
STREET ADDRESS **8811 Woodgate Dr**
CITY-ST-ZIP **FT Myers, FL 33908**

TITLE ☐ Change ☒ Addition
NAME **ANA M. FERNANDEZ**
STREET ADDRESS **8990 WOODGATE MANOR CT.**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ Change ☒ Addition
NAME **Karen Myers**
STREET ADDRESS **8811 Woodgate Manor Ct**
CITY-ST-ZIP **FT. 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: ASSAULTURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/24/03

CR2E037 (10/02)