

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002796

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**1672327938CC**

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

**Current Principal Place of Business:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919 US

**FEI Number: 65-0696074**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHOO, PATRICIA  
C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
FORT MYERS, FL 33919 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name MACKENZIE, HAROLD  
Address C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name MICALLEF, CRYSTAL  
Address C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY  
Name SYSKA, ANDREW  
Address C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title TREASURER  
Name DONABED, GARY  
Address C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title PRESIDENT  
Name RAMCHARAN, RAVI  
Address C/O SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE SUITE C  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREW SYSKA**

**SECRETARY**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date