# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:29

DOCUMENT # **763294** **(6)**

1. Corporation Name
**WOODGATE AT NAPLES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 TREETOPS DRIVE<br>NAPLES FL 33962 | 5000 TREETOPS DRIVE<br>NAPLES FL 33962 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2385712 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1044 Castello Drive | 26 1044 Castello Drive |
| Suite, Apt. #, etc.<br>22 Suite 206 | Suite, Apt. #, etc.<br>27 Suite 206 |
| City & State<br>23 Naples, FL | City & State<br>28 Naples, FL |
| Zip<br>24 33940 Country 25 | Zip<br>29 33940 Country 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

WISEMAN, TAMELA E
2150 GOODLETTE ROAD, SUITE 305
NAPLES FL 33940

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | President/Director | ☒ Change ☐ Addition |
| NAME | GALBRAITH, ROSS | 12 NAME | Frank Jewett | |
| STREET ADDRESS | 522 MOBERLY ROAD, SUITE 806 | 13 STREET ADDRESS | 5251 Treetops Drive | |
| CITY-ST-ZIP | VANCOUVER, BC, CANADA | 14 CITY-ST-ZIP | Naples, Florida 33962 | |
| TITLE | VS | 21 TITLE | Vice President/Director | ☒ Change ☐ Addition |
| NAME | TYNAN, BRENT | 22 NAME | William Simon | |
| STREET ADDRESS | 2241 DUNBAR STREET | 23 STREET ADDRESS | 5294 Treetops Drive | |
| CITY-ST-ZIP | VANCOUVER, BC, CANADA | 24 CITY-ST-ZIP | Naples, Florida 33962 | |
| TITLE | D | 31 TITLE | Secretary/Director | ☒ Change ☐ Addition |
| NAME | WARD, MARY | 32 NAME | Pamela Loudermilk | |
| STREET ADDRESS | 5317 TREETOPS DRIVE | 33 STREET ADDRESS | 5361 Treetops Drive | |
| CITY-ST-ZIP | NAPLES FL | 34 CITY-ST-ZIP | Naples, Florida 33962 | |
| TITLE | D | 41 TITLE | Treasurer/Director | ☒ Change ☐ Addition |
| NAME | MILLER, ERIC | 42 NAME | Ernest Corvese | |
| STREET ADDRESS | 12446 MCGREGOR WOODS CIRCLE | 43 STREET ADDRESS | 5295 Treetops Drive | |
| CITY-ST-ZIP | FT. MYERS FL | 44 CITY-ST-ZIP | Naples, Florida 33962 | |
| TITLE | D | 51 TITLE | Director | ☒ Change ☐ Addition |
| NAME | PAPACHRISTU, GEORGE | 52 NAME | Edith Goyer | |
| STREET ADDRESS | 1340 GULF BOULEVARD | 53 STREET ADDRESS | 5281 Treetops Drive | |
| CITY-ST-ZIP | CLEARWATER FL | 54 CITY-ST-ZIP | Naples, Florida 33962 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Frank Jewett 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000183