

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763294

(6)

1. Corporation Name

WOODGATE AT NAPLES, INC.



Principal Place of Business

Mailing Address

1044 CASTELLO DR
STE 206
NAPLES S 33940
US

1044 CASTELLO DR
STE 206
NAPLES S 33940
US

3. Date Incorporated or Qualified
05/14/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2385712

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Southwest Property Management Corp.

82 Street Address (P.O. Box Number is Not Acceptable)
1044 Castello Drive, Suite 206

84 City
Naples,

FL 85 Zip Code
33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ernest F. Corvase, Pres.
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when translating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME JEWETT, FRANK
STREET ADDRESS 5251 TREETOPS DR
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE
NAME SIMON, WILLIAM
STREET ADDRESS 5294 TREETOPS DR
CITY-ST-ZIP NAPLES S

TITLE ~~SD~~ ☒ DELETE
NAME ~~LAUDERMILK, PAMELA~~
STREET ADDRESS ~~5361 TREETOPS DR~~
CITY-ST-ZIP ~~NAPLES S~~

TITLE ~~TD~~ ☐ DELETE
NAME CORVESE, ERNEST
STREET ADDRESS 5295 TREETOPS DR
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE
NAME GOYER, EDITH
STREET ADDRESS 5281 TREETOPS DR
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DP ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Ernest F. Corvase* ERNEST F. CORVESE PRES. APRIL 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)