


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763294** (6)
1. Corporation Name
WOODGATE AT NAPLES, INC.



Principal Place of Business 1044 CASTELLO DR STE 206 NAPLE S 33940 US	Mailing Address 1044 CASTELLO DR STE 206 NAPLE S 33940 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34103 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34103 30 Country
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3. Date Incorporated or Qualified 05/14/1982	
4. FEI Number 59-2385712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT. CORP. 1044 CASTELLO DR. STE 208 NAPLES FL 33940
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10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JEWETT, FRANK
STREET ADDRESS	5251 TREETOPS DR
CITY-ST-ZIP	NAPLES FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SIMON, WILLIAM
STREET ADDRESS	5294 TREETOPS DR
CITY-ST-ZIP	NAPLE S
TITLE	DP <input type="checkbox"/> DELETE
NAME	CORVESE, ERNEST
STREET ADDRESS	6295 TREETOPS DR
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	JACKSON, CLIFFORD
STREET ADDRESS	5311 TREETOPS DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	STATINE, ARDEN
STREET ADDRESS	5250 TREETOPS DR.
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T/D
4.3 STREET ADDRESS	Ludeman, Ivan
4.4 CITY-ST-ZIP	5349 Treetops Drive
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADD	Bianco, Stephanie
6.4 CITY-ST-ZIP	5313 Treetops Drive
	Naples, FL

14. 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 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 Corvese* **ERNEST CORVESE** 4/22/98 (941) 775-7803

CP2E037 (10/97)