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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90148 045 \*\*\*\*61.25

0062721

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 763294**

1. Corporation Name

**WOODGATE AT NAPLES, INC.**

Principal Place of Business

1044 CASTELLO DR  
 STE 206  
 NAPLES 34103  
 US

Mailing Address

1044 CASTELLO DR  
 STE 206  
 NAPLES 34103  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/14/1982**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2385712**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MGMT. CORP.**  
**1044 CASTELLO DR. STE 206**  
**NAPLES FL 34103**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
 NAME **D BIANCO, STEPHANIE**  
 STREET ADDRESS **5313 TREETOPS DR**  
 CITY-ST-ZIP **NAPLES FL**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☒ Addition

**VPD Beres, Norbert**  
**5311 Treetops Dr.**

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME **TD LUDEMAN, IVAN**  
 STREET ADDRESS **5349 TREETOPS DR**  
 CITY-ST-ZIP **NAPLES FL 34113**

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME **DS STATTINE, ARDEN**  
 STREET ADDRESS **5250 TREETOPS DR.**  
 CITY-ST-ZIP **NAPLES FL**

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Ernest Corvese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 28, 1999**  
 Date Daytime Phone #

CR2E037 (1/198)