

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763294

1. Entity Name

WOODGATE AT NAPLES, INC.

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90076 016 ****61.25

Principal Place of Business

Mailing Address

1044 CASTELLO DR
STE 206
NAPLES 34103
US

1044 CASTELLO DR
STE 206
NAPLES 34103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BERES, NORBERT
STREET ADDRESS 5311 TREETOPS DR
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE D
NAME JEWITT, FRANK
STREET ADDRESS 5251 TREETOPS DR
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE SD
NAME LUDEMAN, IVAN
STREET ADDRESS 5349 TREETOPS DR
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE TD
NAME SIMON, WILLIAM
STREET ADDRESS 5243 TREETOPS DR.
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Roger Byrne
STREET ADDRESS 5215 Treetops Drive
CITY-ST-ZIP Naples, FL 34113 ☐ Change ☒ Addition

TITLE TD
NAME Sharon Terry
STREET ADDRESS 5325 Treetops Drive
CITY-ST-ZIP Naples, FL 34113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)