

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90109 040 ****61.25

400A0000

DOCUMENT # 763294 1. Entity Name WOODGATE AT NAPLES, INC.					
Principal Place of Business 5000 TREETOPS DR NAPLES, FL 34113 US				Mailing Address 5000 TREETOPS DR NAPLES, FL 34113 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2385712	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C.T. REEVES INC. 5175 12TH AVE SW NAPLES, FL 34116				Name <u>Roger Byrne, President</u> Street Address (P.O. Box Number is Not Acceptable) <u>5000 Treetops Drive</u> City <u>Naples</u> FL Zip Code <u>34113</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Roger Byrne</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEWITT, FRANK		NAME	Marshall, Richard	
STREET ADDRESS	5251 TREETOPS DR		STREET ADDRESS	5259 Treetops Dr.	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	Naples FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETITTO, DIANA		NAME	SANTOS, TANIA	
STREET ADDRESS	5373 TREETOPS DR		STREET ADDRESS	5307 Treetops Dr.	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	Naples FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SIMON, WILLIAM		NAME		
STREET ADDRESS	5243 TREETOPS DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	BYRNE, ROGER		NAME		
STREET ADDRESS	5275 TREETOPS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTCHEVA, TZVETANKA SUE		NAME		
STREET ADDRESS	5275 TREETOPS DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Roger Byrne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-23-06</u>		Daytime Phone # <u>889-775-4720</u>