2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763294

63294 Secretary of State

Entity Name: WOODGATE AT NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business: 5000 TREETOPS DR NAPLES, FL 34113 US **Current Mailing Address: New Mailing Address:** 5000 TREETOPS DR NAPLES, FL 34113 US FEI Number: 59-2385712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYRNE, ROGER 5000 TREETOPS DR NAPLES, FL 34113 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JEWITT, FRANK Name: Name: 5251 TREETOPS DR Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: DV Title: (X) Change () Addition () Delete MARSHALL, RICHARD Name: MARSHALL, RICHARD Name: Address: 5259 TREETOPS DR Address: 5259 TREETOPS DR City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: (X) Change () Addition BYRNE, ROGER BYRNE, ROGER Name: Name: 5275 TREETOPS DRIVE 5265 TREETOPS DRIVE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: DT () Delete Title: () Change () Addition Name: BURTON, HOWARD Name: Address: 5317 TREETOPS DR. Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: DS () Delete Title: () Change () Addition PETITTO, DIANA Name: Name: 5373 TREETOPS DR Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER BYRNE DP 04/08/2009

FILED Apr 08, 2<u>00</u>9