

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90638 041 ****61.25

DOCUMENT # 763294

1. Entity 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

5000 Treetops Dr
Suite, Apt. #, etc.

3. Mailing Address

5000 Treetops Dr
Suite, Apt. #, etc.

City & State

Naples, FL
34113

City & State

City & State
Zip Country

4. FEI Number 59-2385712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name C.T. Reeves Inc
Street Address (P.O. Box Number is Not Acceptable)
810 Anchor Road Dr
City Naples FL Zip Code 34103

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 Marcelle E Reeves V. President 3/5/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JEWITT, FRANK	
STREET ADDRESS	5251 TREETOPS DR	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUDEMAN, IVAN	
STREET ADDRESS	5349 TREETOPS DR	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMON, WILLIAM	
STREET ADDRESS	5243 TREETOPS DR.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRNE, ROGER	
STREET ADDRESS	5275 TREETOPS DRIVE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, SHARON	
STREET ADDRESS	5325 TREETOPS DRIVE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Bertou	
STREET ADDRESS	5230 Treetops Dr	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OF ROGER BYRNE 3/19/03 775-4720
239-

CR2E037 (10/02)