

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771214** (4)

1. Corporation Name

**WOODLAKE CONDOMINIUM ASSOCIATION OF MARCO SHORES
, INC.**

Principal Place of Business

Mailing Address

**100 WOODLAKE CIRCLE
NAPLES FL 33961****100 WOODLAKE CIRCLE
NAPLES FL 34114-9021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1983		3a. Date of Last Report 03/04/1996	
21 Suite, Apt. #, etc.		26 90 W.D. KRAMER		4. FEI Number 59-2560240		Applied For Not Applicable	
22 City & State		27 1838 40TH TERRACE SW		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip 34114 Country US		28 NAPLES, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip 34114 Country US		29 34116 Country US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNAUERHASE, GEROLD
175 SOCIETY COURT
MARCO ISLAND FL 33937**

81 Name	WILLIAM D. KRAMER		
82 Street Address (P.O. Box Number is Not Acceptable)	1838 40TH TERRACE SW		
83			
84 City	NAPLES	85 Zip Code	34116

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 William D. Kramer **WILLIAM D. KRAMER** **4/25/97**
(NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKEY, ROBERT W	1.2 NAME	KENNETH HUNT
STREET ADDRESS	333 CERRUS DR	1.3 STREET ADDRESS	610 BRANDENBURGH WAY
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVES, CHARLES S	2.2 NAME	GEORGE CHIORANDO
STREET ADDRESS	204 BREAM DR.	2.3 STREET ADDRESS	645 FAIRWOOD FOREST DR
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, WILLIAM J.	3.2 NAME	
STREET ADDRESS	732 HERNANDO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	34145
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTINO, ALFONZO	4.2 NAME	
STREET ADDRESS	1648 FIRST AVE., APT. #18G	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	10028
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMASO, LISA	5.2 NAME	WILLIAM RHODE
STREET ADDRESS	402 DRACENA DR.	5.3 STREET ADDRESS	109 DORAL CIRCLE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL 34113
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHODE, EDWARD	6.2 NAME	STEVEN GASPERI
STREET ADDRESS	2545 KINGS LAKE BLVD	6.3 STREET ADDRESS	413 DRACENA DR
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FL 34114

14. I do 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. **VICE PRESIDENT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-348-0272**

CR2E037 (9/96)