

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11458 (9)

1. Corporation Name

WOODLAKE SEWAGE DISTRICT, INC.



Principal Place of Business

Mailing Address

~~606 BALD EAGLE DR
S500
MARCO ISLAND FL 33937
US~~

~~P.O. BOX 1
606 BALD EAGLE DR. STE 500
MARCO ISLAND FL 33969
US~~

3. Date Incorporated or Qualified

10/08/1985

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 100 Woodlake Circle

26 100 Woodlake Circle

4. FEI Number

06-1157137

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, CRAIG R., ESQUIRE
606 BALD EAGLE DRIVE, SUITE 500
ISLAND TOWER BUILDING
MARCO ISLAND FL 33937

81 Name

Rhode, Edward W.

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

83

100 Woodlake Circle

84 City

Naples

FL

85 Zip Code
33961

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

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

(NOTE: Registered Agent signature required when reinstating)

2-16-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME KATZ, ROBERT A.
STREET ADDRESS 45 WEST AVENUE
CITY-ST-ZIP NORWALK CT

TITLE D ☒ DELETE
NAME WOODWARD, CRAIG R.
STREET ADDRESS 606 BALD EAGLE DR., #500
CITY-ST-ZIP MARCO ISLAND FL

TITLE SD ☒ DELETE
NAME BANKS, NANCY
STREET ADDRESS 45 WEST AVENUE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Rhode, Edward W.
1.3 STREET ADDRESS 2545 Kings Lake Blvd.
1.4 CITY-ST-ZIP Naples, FL 33962

2.1 TITLE S/T/D ☒ Change ☐ Addition
2.2 NAME Tyson, William J.
2.3 STREET ADDRESS 732 Hernando
2.4 CITY-ST-ZIP Marco Island, FL 33937

3.1 TITLE VP/D ☒ Change ☐ Addition
3.2 NAME Bottino, Alfonse
3.3 STREET ADDRESS 1646 First Ave., Apt. 18G
3.4 CITY-ST-ZIP New York City, NY 10028

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Gasperi, Steve
4.3 STREET ADDRESS 413 Draceana Dr.
4.4 CITY-ST-ZIP Naples, FL 33961

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Cervantes, Juan
5.3 STREET ADDRESS 6 Salinas Dr.
5.4 CITY-ST-ZIP Naples, FL 33961

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

William S. Tyson, Treasurer

16 FEB 96 941 774 3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)