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ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
OCUMENT Corporation Name	r# N1145	8 (9)	· · · · ·		· · · ,	
WOODLAKE S	EWAGE DISTRICT, I	NC.		I KANDAN ABU NARA MAN DIRAK ANI	n na ann ann an an ann an an an an an an	
incipal Place of Busine	296	Mailing Address				
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00 HOUDLAKE CHCLE 1500 IAPLES FL 33961 IS		606 BAILD EAGLE DR. STE 500 NAPLES FL 34105-7406 US				
				3. Date Incorporated or Qualified 10/08/1985	3a. Date of Last R 02/26/19	eport 196
Principal Place of Bus	siness	2a. Mailing Address 26 Co W. D. KRAI	NEL	4. FEI Number 06-1157137	i i i i i i i i i i i i i i i i i i i	plied For ot Applicable
Suite, Apt #, etc.		Suite Apt #, etc. 27 1838 4074 Te	ERRACE SW	5. Certificate of Status Desired		Additional equired
City & State		City & State 28 NAPLES, FL	, , ,	6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip D. Lach	Country	Zip	Country	B. This corporation has liability for	r intangible tax under s	
34114 8 Norm	25 he and Address of Current		30 US	Florida Statutes 10. Name and Address of New R	Yes No	
NAPLES FL 3396	1		84 City NA	MES	FL 85 Zip	Code,
Pursuant to the prov office or registered agent I am familia	isions of Sections 617.0502	tions of, Section 617.0503, Floi	s, the above-named corr uthorized by the corpora	PACS poration submits this statement for the trion's board of directors. I hereby acce	FL 34	416
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Pursuant to the provolution or registered agent 1 am familiar         GNATURE         Signature, type         GE       PD         RHOD       2545 I         VE       RHOD         LE       PD         ME       Stignature, type         LE       PD         ME       STD         ACE TADDRESS       732 H         MAPLE       TYSOI         KET ADDRESS       732 H         MARC       BOTTI         Y-ST-ZIP       MARC         KET ADDRESS       732 H         Y-ST-ZIP       MARC         LE       D         ME       GASPI         NEET ADDRESS       413 D         Y-ST-ZIP       NAPLE         LE       D         ME       GASPI         ME       GASPI         ME       G SAL         Y-ST-ZIP       NAPLE         LE       D         ME       G SAL         Y-ST-ZIP       NAPLE         LE       D         ME       G SAL         KEET ADDRESS       S SAL         Y-ST-ZIP       NAPLE         KEET ADDRESS </td <td>jsions of Sections 617.0502 Agent, or both, in the State of with, and accept the obligation OFFICERS AND RE, EDWARD W KINGS LAKE BLVD ES FL N, WILLIAM J JERNANDO 10 ISLAND FL INO, ALFONSE 1ST AVE APT 18G YORK CITY NY ERI, STEVE RACEANA DR ES FL ANTES, JUAN INAS DR ES FL</td> <td>Itons of, Section 617.0503, Flor</td> <td>S, the above-named corr uthorized by the corpora- ida Statutas. AM D_KRA. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</td> <td>poration submits this statement for the tion's board of directors. I hereby acce med when reinstaling) ADDITIONS/CHANGES TO OFF</td> <td>FL     34       purpose of changing it spt the appointment as       4/24/97       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change       Change       Change       Change</td> <td>S IN 12  Addition  Addition  Addition  Addition  Addition  Addition</td>	jsions of Sections 617.0502 Agent, or both, in the State of with, and accept the obligation OFFICERS AND RE, EDWARD W KINGS LAKE BLVD ES FL N, WILLIAM J JERNANDO 10 ISLAND FL INO, ALFONSE 1ST AVE APT 18G YORK CITY NY ERI, STEVE RACEANA DR ES FL ANTES, JUAN INAS DR ES FL	Itons of, Section 617.0503, Flor	S, the above-named corr uthorized by the corpora- ida Statutas. AM D_KRA. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	poration submits this statement for the tion's board of directors. I hereby acce med when reinstaling) ADDITIONS/CHANGES TO OFF	FL     34       purpose of changing it spt the appointment as       4/24/97       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change       Change       Change       Change	S IN 12  Addition  Addition  Addition  Addition  Addition  Addition