


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N11458** (9)

1. Corporation Name

**WOODLAKE SEWAGE DISTRICT, INC.**

Principal Place of Business

100 WOODLAKE CIRCLE  
S500  
NAPLES FL 33961  
US

Mailing Address

100 WOODLAKE CIRCLE  
806 BALD EAGLE DR. STE 500  
NAPLES FL 34105-7406  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
**10/08/1985**

3a. Date of Last Report  
**02/26/1996**

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

RHODE, EDWARD W  
100 WOODLAKE CIRCLE  
ISLAND TOWER BUILDING  
NAPLES FL 33961

10. Name and Address of New Registered Agent

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

**4/24/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> DELETE |
| NAME           | RHODE, EDWARD W      |                                 |
| STREET ADDRESS | 2545 KINGS LAKE BLVD |                                 |
| CITY-ST-ZIP    | NAPLES FL            |                                 |
| TITLE          | STD                  | <input type="checkbox"/> DELETE |
| NAME           | TYSON, WILLIAM J     |                                 |
| STREET ADDRESS | 732 HERNANDO         |                                 |
| CITY-ST-ZIP    | MARCO ISLAND FL      |                                 |
| TITLE          | VPD                  | <input type="checkbox"/> DELETE |
| NAME           | BOTTINO, ALFONSE     |                                 |
| STREET ADDRESS | 1646 1ST AVE APT 18G |                                 |
| CITY-ST-ZIP    | NEW YORK CITY NY     |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | GASPERI, STEVE       |                                 |
| STREET ADDRESS | 413 DRACEANA DR      |                                 |
| CITY-ST-ZIP    | NAPLES FL            |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | CERVANTES, JUAN      |                                 |
| STREET ADDRESS | 6 SALINAS DR         |                                 |
| CITY-ST-ZIP    | NAPLES FL            |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

*Steve Gasperi* **STEVE GASPERI**

**4/24/97**

**941-348-0272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068455

CR2E037 (9/96)