

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90070 003 ****70.00

DOCUMENT # N11458

1. Corporation Name

WOODLAKE SEWAGE DISTRICT, INC.

Principal Place of Business

100 WOODLAKE CIRCLE
S500
NAPLES FL 34114
US

Mailing Address

C/O W.D. KRAMER
1838 40TH TERRACE S.W.
NAPLES FL 34116
US

529285 - 90070 - 3 * *



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

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

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D
1838 40TH TERRACE S.W.
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, 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
NAME RHODE, WILLIAM
STREET ADDRESS 109 DORAL CIRCLE
CITY-ST-ZIP NAPLES FL 34112 ☒ DELETE

TITLE STD
NAME TYSON, WILLIAM J
STREET ADDRESS 732 HERNANDO
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ DELETE

TITLE VPD
NAME BOTTINO, ALFONSE
STREET ADDRESS 1646 1ST AVE APT 18G
CITY-ST-ZIP NEW YORK CITY NY ☐ DELETE

TITLE D
NAME GASPERI, STEVE
STREET ADDRESS 413 DRACEANA DR
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE D
NAME CERVANTES, JUAN
STREET ADDRESS 6 SALINAS DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P, D
RUTH FERNANDEZ
326 CEREUS DRIVE
NAPLES, FL 34114

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VP
GEORGE CHIORANDO
455 ALT. 19 SOUTH
PALM HARBOR, FL 34683

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Ruth Fernandez
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

04-18-99

941-774-3009

Date

Daytime Phone #

CR2E037 (11/98)