

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90109 036 \*\*\*\*61.25

**DOCUMENT # N28012**

1. Entity Name

**WOODMERE PROFESSIONAL OWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2375 TAMiami TR N #206  
NAPLES FL 34103

2375 TAMiami TR N #206  
EXCEL REAL ESTATE SERVICES  
NAPLES FL 34103  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0068423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WILLIAM G  
2375 TAMiami TRAIL NORTH  
STE 206  
NAPLES FL 34103

Name

JANE YEAGER CHEFFY

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

2375 TAMiami TRAIL NORTH #310

City

NAPLES

FL

Zip Code

34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jane Yeager Cheffy*

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

(NOTE: Registered Agent signature required when registering)

DATE

4/27/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME PD ☒ Delete  
SCHEETZ, LARRY  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, #300  
CITY-STATE-ZIP NAPLES FL 34103

NAME PD ☐ Change ☒ Addition  
Ms. Jane Cheffy  
STREET ADDRESS 2375 Tamiami Trail North #310  
CITY-STATE-ZIP Naples, Florida 34103

NAME VPD ☒ Delete  
HUGHES, KATHLEEN  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, #300  
CITY-STATE-ZIP NAPLES FL 34103

NAME VPD ☐ Change ☒ Addition  
Ms. Linda Thompson  
STREET ADDRESS 2375 Tamiami Trail North # 100  
CITY-STATE-ZIP Naples, Florida 34103

NAME S ☒ Delete  
SLEPCEVICH, WILLIAM  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, #208  
CITY-STATE-ZIP NAPLES FL 34103

NAME S ☐ Change ☒ Addition  
Mr. Chris Davies  
STREET ADDRESS 2375 Tamiami Trail North # 308  
CITY-STATE-ZIP Naples, Florida 34103

NAME T ☒ Delete  
SLEPCEVICH, WILLIAM  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, #208  
CITY-STATE-ZIP NAPLES FL 34103

NAME T ☐ Change ☒ Addition  
Mr. Ron Gustason  
STREET ADDRESS 2375 Tamiami Trail North # 110  
CITY-STATE-ZIP Naples, Florida 34103

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

4-27-07 239-263-1130