

# 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 # **721685** (6)

1. Corporation Name

**MORGANWOODS GREENTREE, INC.**



Principal Place of Business: % WISE PROPERTY MGMT. INC. 7628 N 56TH ST. STE 8 TAMPA FL 33617 US  
Mailing Address: % WISE PROPERTY MGMT. INC. 7628 N 56TH ST. STE 8 TAMPA FL 33617 US

3. Date Incorporated or Qualified: 09/13/1971  
3a. Date of Last Report: 04/06/1995  
4. FEI Number: 23-7205926  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SPIVEY, WILLIAM C. % WISE PROPERTY MANAGEMENT INC. 7628 N 56TH ST #8 TAMPA FL 33617

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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] (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <del>HAFERS, STAN</del>		1.2 NAME: DAVID PERGOLA	
STREET ADDRESS: <del>6910 CASA VERDE CT</del>		1.3 STREET ADDRESS: 6906 EL CENTRO COURT	
CITY-ST-ZIP: <del>TAMPA FL</del>		1.4 CITY-ST-ZIP: TAMPA, FL 33634	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VIVIANO, TINA		2.2 NAME:	
STREET ADDRESS: 7601 CORTEZ CT		2.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA, FL 00000		2.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUMES, MADGE		3.2 NAME:	
STREET ADDRESS: 7201 LAGUNA CT.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA, FL 00000		3.4 CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHULZE, RAY		4.2 NAME:	
STREET ADDRESS: 7203 SAN LUIS CT		4.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA, FL 00000		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Madge Humes* 3/22/96 813-988-3684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MADGE HUMES  
DATE: 3/22/96  
PHONE: 813-988-3684

CR2E037 (12/95)