

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721685 (6)**  
1. Corporation Name  
**MORGANWOODS GREENTREE, INC.**



Principal Place of Business <b>% WISE PROPERTY MGMT. INC. 7628 N 56TH ST. STE 8 TAMPA FL 33617 US</b>	Mailing Address <b>% WISE PROPERTY MGMT. INC. 7628 N 56TH ST. STE 8 TAMPA FL 33617 US</b>
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3. Date Incorporated or Qualified <b>09/13/1971</b>	
4. FEI Number <b>23-7205926</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PULLARA, PHIL</b>	
STREET ADDRESS	<b>7302 BAJA CT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VIVIANO, TINA</b>	
STREET ADDRESS	<b>7601 CORTEZ CT</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMES, MADGE</b>	
STREET ADDRESS	<b>7201 LAGUNA CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULZE, RAY</b>	
STREET ADDRESS	<b>7203 SAN LUIS CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAFERS, STAN</b>	
STREET ADDRESS	<b>8301 TERRACE WOOD CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BALL, SHARON</b>	
1.3 STREET ADDRESS	<b>7205 LAGUNA COURT</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NAVARRO, JANE</b>	
2.3 STREET ADDRESS	<b>6905 SOLEDAD COURT</b>	
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HUMES, MADGE</b>	
3.3 STREET ADDRESS	<b>7201 LAGUNA CT.</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ALORITTON, GARY</b>	
4.3 STREET ADDRESS	<b>7202 SAN LUIS COURT</b>	
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
5.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HAFERS, STAN</b>	
5.3 STREET ADDRESS	<b>8301 TERRACE WOOD CIR</b>	
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>STANLEY, TINA</b>	
6.3 STREET ADDRESS	<b>7601 CORTEZ COURT</b>	
6.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	

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.

SIGNATURE: *PHIL PULLARA* **PULLARA** 4/10/98

CR2E037 (10/97)