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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90004 050 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721685**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/13/1971

4. FEI Number

23-7205926

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

SPIVEY, WILLIAM C.  
 % WISE PROPERTY MANAGEMENT INC.  
 7628 N 56TH ST #8  
 TAMPA FL 33617

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 PULLARA, PHIL  
 STREET ADDRESS 7302 BAJA CT  
 CITY-ST-ZIP TAMPA FL  
☐ DELETE

TITLE VD  
 NAME BALL, SHARON  
 STREET ADDRESS 7205 LAGUNA COURT  
 CITY-ST-ZIP TAMPA, FL 00000 33615  
☐ DELETE

TITLE D  
 NAME HUMES, MADGE  
 STREET ADDRESS 7201 LAGUNA CT.  
 CITY-ST-ZIP TAMPA FL 33634  
☐ DELETE

TITLE D  
 NAME SCHULZE, RAY  
 STREET ADDRESS 7203 SAN LUIS CT  
 CITY-ST-ZIP TAMPA FL 33634  
☐ DELETE

TITLE TD  
 NAME HAFERS, STAN  
 STREET ADDRESS 8301 TERRACE WOOD CIR  
 CITY-ST-ZIP TAMPA FL 33615  
☐ DELETE

TITLE D  
 NAME STANLEY, TINA  
 STREET ADDRESS 7601 CORTEZ COURT  
 CITY-ST-ZIP TAMPA FL 33615  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
 1.2 NAME PULLARA, PHIL  
 1.3 STREET ADDRESS 7302 BAJA COURT  
 1.4 CITY-ST-ZIP TAMPA, FL 33634  
☒ Change ☐ Addition

2.1 TITLE PD  
 2.2 NAME STALDER, CHARLOTTE  
 2.3 STREET ADDRESS 7201 SAN LUIS COURT  
 2.4 CITY-ST-ZIP TAMPA, FL 33634  
☐ Change ☒ Addition

3.1 TITLE SD  
 3.2 NAME NAVARRO, JANE  
 3.3 STREET ADDRESS 6905 SOLEDAD CT  
 3.4 CITY-ST-ZIP TAMPA, FL 33615  
☐ Change ☒ Addition

4.1 TITLE D  
 4.2 NAME HORTON, VIVIAN  
 4.3 STREET ADDRESS 7115 EL DORADO CT  
 4.4 CITY-ST-ZIP TAMPA, FL 33615  
☐ Change ☒ Addition

5.1 TITLE D  
 5.2 NAME DILLON, ALICE  
 5.3 STREET ADDRESS 7317 BAJA CT  
 5.4 CITY-ST-ZIP TAMPA, FL 33634  
☐ 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:  SIGNATURE OF REGISTERED AGENT

4/11/99

884-2284

Date

Daytime Phone #

CR2E037 (11/98)