

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748873 (7)

1. Corporation Name
WOOD TRAIL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4051 PASSPORT LANE NEW PORT RICHEY FL 34653	Mailing Address 5609 US HWY 19 S-E NEW PORT RICHEY FL 34652 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/11/1979	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2152328	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, KIM N
COMMUNITY MGMT SERVICES INC.
5609 US HWY 19, SUITE E
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number Is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	O'BRIEN, JAMES
STREET ADDRESS	4113 PASSPORT LN UNIT 201
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	NOVICK, PEARL
STREET ADDRESS	4110 PASSPORT LANE #101
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	SD
NAME	MITCHELL, THOMAS
STREET ADDRESS	4026 PASSPORT LN UNIT 202
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VPD
NAME	ALFIN, AUBREY
STREET ADDRESS	4140 PASSPORT LANE #102
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	KANE, BETTY
STREET ADDRESS	4110 PASSPORT LANE #103
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Wilson, Marilyn
3.3 STREET ADDRESS	9625 Brassie Court
3.4 CITY-ST-ZIP	New Port Richey, FL 34655
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James O'Brien James O'Brien Pres, 12/23/05 847-3482