

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90014 041 \*\*\*\*61.25

**DOCUMENT # N38374**

1. Entity Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.



Principal Place of Business

4312 OAKLAND DR  
NEW PORT RICHEY FL 34653  
US

Mailing Address

4312 OAKLAND DR  
NEW PORT RICHEY FL 34653  
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

4. FEI Number

59-3051870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUEN, DANIEL  
4312 OAKLAND DR  
NEW PORT RICHEY FL 34653

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE ☐ Delete  
NAME PHILLIPS, SUSAN  
STREET ADDRESS 4331 OAKLAND DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete  
NAME HOLDEN, PAT  
STREET ADDRESS 4326 GRANDWOOD LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete  
NAME RUEN, DANIEL  
STREET ADDRESS 4312 OAKLAND DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS Lorn Adams  
CITY-ST-ZIP 4248 Oakland dr  
New Port Richey FL 34653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:**