

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:47

DOCUMENT # N38374 (7)

1. Corporation Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4153 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653

4153 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1990

3a. Date of Last Report
03/03/1994

4. FEI Number
59-3051870

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARISSA, MICHELLE
4153 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Michelle Marissa

2-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHULTZ, TRESSA
STREET ADDRESS 4128 RIVERWOOD DR
CITY - ST - ZIP NEW PORT RICHEY FL 34653

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME BONSIGNORE, TED,
STREET ADDRESS 4414 TALL OAK LANE
CITY - ST - ZIP NEW PORT RICHEY FL 34653

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME GIGLIO, BRUNO
STREET ADDRESS 4315 ROYAL OAK LN
CITY - ST - ZIP NEW PORT RICHEY FL 34653

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE P
NAME MARISSA, MICHELLE
STREET ADDRESS 4153 WOOD TRAIL BLVD
CITY - ST - ZIP NEW PORT RICHEY FL 34653

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE V
NAME REECE, HERB
STREET ADDRESS 4430 WOOD TRAIL BLVD
CITY - ST - ZIP NEW PORT RICHEY FL 34653

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE T
NAME NORTH, JOSEPH
STREET ADDRESS 4423 WOOD TRAIL BLVD
CITY - ST - ZIP NEW PORT RICHEY FL 34653

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michelle Marissa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

Michelle Marissa 2-7-95 513-376-0914