3/7/00-90078-027-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38374

1. Entity Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.

FILED
00 MAR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4423 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	P.O. BOX 1928 ELFERS FL 34680-1928 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8866 NAPA Loop Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, Fl. Zip: 34653 Country: USA	City & State Zip Country

4. FEI Number: 59-3051870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORTH, JOSEPH 4423 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	Name: SRSICH Charles Street Address (P.O. Box Number is Not Acceptable): 8866 Napa Loop City: New Port Richey FL Zip Code: 34653

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.

SIGNATURE: Charles Srsich 2-28-2000
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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINARES, ROBERT 4136 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Matheson, Robert, Bd. mem. 4453 County Breeze Drive New Port Richey Fl. 34653
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTIANSEN, BERT 4228 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Matheson, Phyllis, Bd. mem. ☐ Change ☒ Addition 4453 County Breeze Drive New Port Richey, Fl. 34653
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BARR, THOMAS 4430 WOOD TRAIL BLVD. NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pennedorf, Paul - Bd. member ☐ Change ☒ Addition 4231 Riverwood Drive New Port Richey, Fl. 34653
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SELL, ELROY E 4214 TALL OAK LN NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRSich, Charles, TREAS. ☐ Change ☒ Addition 8866 Napa Loop New Port Richey, Fl. 34653
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEDENCE, KAREN 4346 WOOD TRAIL NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNEY, CATHERINE 4352 ROYAL OAK LANE NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E037 (9/99)

12. 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 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: Catherine E. Kenney President 2/7/00 (727) 372-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #