

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90143 032 \*\*\*\*61.25

**DOCUMENT # N38374**

1. Entity Name

**WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.**



Principal Place of Business

**4229 TALL OAK LANE  
NEW PORT RICHEY FL 34653**

Mailing Address

**4229 TALL OAK LANE  
NEW PORT RICHEY FL 34653  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**LANG, KATHLEEN  
4229 TALL OAK LANG  
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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **PACKER, RANDY**  
STREET ADDRESS **4222 TALL OAK LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ROBERT NUTT**  
STREET ADDRESS **4231 OAKLAND DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☒ Delete  
NAME **CHRISTIANSSEN, BERT**  
STREET ADDRESS **4228 WOOD TRAIL BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **CHARLES LANG**  
STREET ADDRESS **4229 TALL OAK LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☒ Delete  
NAME **O'BARR, THOMAS**  
STREET ADDRESS **4430 WOOD TRAIL BLVD.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **DANIEL RUEN**  
STREET ADDRESS **4312 OAKLAND DR**  
CITY-ST-ZIP **N.P.R. FL. 34653**

TITLE **VP** ☒ Delete  
NAME **LEONE, MIKE**  
STREET ADDRESS **8816 GUM TREE AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **LORNE BENTON**  
STREET ADDRESS **8855 NAPA LOOP**  
CITY-ST-ZIP **N.P.R. FL. 34653**

TITLE **S** ☒ Delete  
NAME **ARCARD, PEGGY**  
STREET ADDRESS **4523 COUNTY BREEZE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **MIKE LEONE**  
STREET ADDRESS **8816 GUM TREE AVE**  
CITY-ST-ZIP **N.P.R. FL. 34653**

TITLE **D** ☐ Delete  
NAME **BRUCK, BRIAN**  
STREET ADDRESS **4538 COUNTY BREEZE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **LORRAINE BENTON**  
STREET ADDRESS **8855 NAPA LOOP**  
CITY-ST-ZIP **N.P.R. FL. 34653**

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:

*Kathleen E. Lang*

3-20-03

727-  
781-2277

CR2E037 (10/02)