

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38374

**Entity Name:** WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.**Current Principal Place of Business:**4456 GRANDWOOD LANE  
NEW PORT RICHEY, FL 34653**Current Mailing Address:**4456 GRANDWOOD LANE  
NEW PORT RICHEY, FL 34653 US**FEI Number:** 59-3051870**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICOLINI, MARCELA  
4326 GRANDWOOD LANE  
NEW PORT RICHEY, FL 34653 US*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:** MARCELA NICOLINI

04/26/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIR
Name	PHILLIPS, SUSAN
Address	4331 OAKLAND DR
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	VP
Name	PYLE, DOUG
Address	8901 GUM TREE
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	P
Name	SWAIN, KEVIN
Address	4533 ZACK
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	S
Name	PATERNO, LUCILLE
Address	4423 ROYAL OAK
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	TREASURER
Name	NICOLINI, MARCELA
Address	4456 GRANDWOOD
City-State-Zip:	NEW PORT RICHEY FL 34653

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCELA NICOLINI

TREASURER

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date