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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721685

1. Corporation Name
MORGANWOODS GREENTREE, INC.

Principal Place of Business
 % WISE PROPERTY MGMT. INC.
 7628 N 56TH ST. STE 8
 TAMPA FL 33617
 US

Mailing Address
 % WISE PROPERTY MGMT. INC.
 7628 N 56TH ST. STE 8
 TAMPA FL 33617
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/13/1971
22	City & State	City & State	4. FEI Number
	Zip	Country	23-7205926
23	Country	Country	Applied For
	Country	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
	Country	Country	\$8.75 Additional Fee Required
	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
	Country	Country	Trust Fund Contribution <input type="checkbox"/>
	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPIVEY, WILLIAM C. % WISE PROPERTY MANAGEMENT INC. 7628 N 56TH ST #8 TAMPA FL 33617		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLARA, PHIL	1.2 NAME	PULLARA, PHIL
STREET ADDRESS	7302 BAJA CT	1.3 STREET ADDRESS	7302 BAJA COURT
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VD	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, SHARON	2.2 NAME	STALDER, CHARLOTTE
STREET ADDRESS	7205 LAGUNA COURT	2.3 STREET ADDRESS	7201 SAN LUIS COURT
CITY-ST-ZIP	TAMPA, FL 00000 33615	2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMES, MADGE	3.2 NAME	NAVARRO, JANE
STREET ADDRESS	7201 LAGUNA CT.	3.3 STREET ADDRESS	6905 SOLEDAD CT
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULZE, RAY	4.2 NAME	HORTON, VIVIAN
STREET ADDRESS	7203 SAN LUIS CT	4.3 STREET ADDRESS	7115 EL DORADO CT
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	TD	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAFERS, STAN	5.2 NAME	DILLON, ALICE
STREET ADDRESS	8301 TERRACE WOOD CIR	5.3 STREET ADDRESS	7317 BAJA CT
CITY-ST-ZIP	TAMPA FL 33615	5.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D	6.1 TITLE	
NAME	STANLEY, TINA	6.2 NAME	
STREET ADDRESS	7601 CORTEZ COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/11/99 DAYTIME PHONE: 884-2284

CRZE037 (1/98)