

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 748873 (7)**

1. Corporation Name  
**WOOD TRAIL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **4051 PASSPORT LANE NEW PORT RICHEY FL 34653**  
Mailing Address: **5609 US HWY 19 S-E NEW PORT RICHEY FL 34652 US**

3. Date Incorporated or Qualified: **09/11/1979**  
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.: **27**

City & State: **23**  
City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-2152328**  
Applied For:  Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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**

**JOHNSON, KIM N  
COMMUNITY MGMT SERVICES INC.  
5609 US HWY 19, SUITE E  
NEW PORT RICHEY FL 34652**

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**

Signature, typed or printed name of registered agent and block 11 applicant

(NOTE: Registered Agent signature required when installing)

DATE:

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JAMES	
STREET ADDRESS	4113 PASSPORT LN UNIT 201	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVICK, PEARL	
STREET ADDRESS	4110 PASSPORT LANE #101	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, MARILYN	
STREET ADDRESS	9625 BRASSIE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALFIN, AUBREY	
STREET ADDRESS	4140 PASSPORT LANE #102	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KANE, BETTY	
STREET ADDRESS	4110 PASSPORT LANE #103	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	President -Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	O'Brien, James	
13 STREET ADDRESS	4113-201 Passport Lane	
14 CITY-ST-ZIP	New Port Richey, FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	Vice President -Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Novick, Pearl	
23 STREET ADDRESS	4110-101 Passport Lane	
24 CITY-ST-ZIP	New Port Richey, FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	Secretary -Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Wilson, Marilyn	
33 STREET ADDRESS	9625 Brassie Court	
34 CITY-ST-ZIP	New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	Treasurer Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Antonie, Lawrence	
43 STREET ADDRESS	4101-103 Passport Lane	
44 CITY-ST-ZIP	New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Bazilla, Paul J.	
53 STREET ADDRESS	4110-203 Passport Lane	
54 CITY-ST-ZIP	New Port Richey, FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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:**

*James O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O'Brien 3/19/96

813-847-3482  
Telephone Printing #

SC  
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