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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/11/1979	4. FEI Number 59-2152328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 30
Country 25	Zip 29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8406 Massachusetts Avenue
83	Suite B-3
84 City	New Port Richey, FL
85 Zip Code	34653

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFIN, AUBREY	1.2 NAME	Aubrey Alfin
STREET ADDRESS	4140-102 PASSPORT LN	1.3 STREET ADDRESS	4140-102 Passport Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVICK, PEARL	2.2 NAME	James Blewitt
STREET ADDRESS	4110-101 PASSPORT LN	2.3 STREET ADDRESS	4041-205 Passport Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARILYN	3.2 NAME	Angela Sheldon
STREET ADDRESS	3939 TROPHY BLVD	3.3 STREET ADDRESS	4026-102 Passport Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIE, LAWRENCE	4.2 NAME	Catherine Connolly
STREET ADDRESS	4101-103 PASSPORT LN	4.3 STREET ADDRESS	4046-101 Passport Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAZILLA, PAUL J	5.2 NAME	Rita Schatzel
STREET ADDRESS	4110-203 PASSPORT LN	5.3 STREET ADDRESS	4041-103 Passport Lane
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, ANGELA	6.2 NAME	
STREET ADDRESS	4026-102 PASSPORT LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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.

SIGNATURE: _____ **REQUIRED** **1/30/98** **813-847-3482**

CR2E037 (10/97)