


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90055 002 \*\*\*\*61.25

0071385

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 748873

1. Corporation Name  
WOOD TRAIL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business <del>4051 PASSPORT LANE NEW PORT RICHEY FL 34653</del>	Mailing Address <del>8406 MASSACHUSETTS AVE #B-3 NEW PORT RICHEY FL 34653 US</del>
---	---



2. Principal Place of Business 21 40347 US 19 N Suite, Apt. #, etc. 22 SUITE 201 City & State 23	2a. Mailing Address 26 P.O. Box 695 Suite, Apt. #, etc. 27 28 TARPON SPRINGS, FL Zip Country 29 34689 30 US	3. Date Incorporated or Qualified 09/11/1979
9. Name and Address of Current Registered Agent JOHNSON, KIM N 8406 MASSACHUSETTS AVE #B-3 NEW PORT RICHEY FL 34653		10. Name and Address of New Registered Agent 81 Name IRENE KARAGIANB 82 SUI ET PROPERTY MANAGEMENT, INC. 83 Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, SUITE 201 84 City TARPON SPRINGS FL 85 Zip Code 34689

4. FEI Number 59-2152328	Applied For 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

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: Irene Karagianb DATE: 20599

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALFIN, AUBREY 4140-102 PASSPORT LN NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JAMES O'BRIEN 4117 PASSPORT LANE #201 NEW PORT RICHEY, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMES BLEWITT 4041-205 PASSPORT LN NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD MYOTT, AL 4101 PASSPORT LANE #201 NEW PORT, RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANGELA SHELDON 4026-102 PASSPORT LN NEW PORT RICHEY FL 34653 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATHERINE CONNOLLY 4046-101 PASSPORT LN NEW PORT RICHEY FL 34653 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITA SCHATZEL 4041-103 PASSPORT LN NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD WILSON, MARILYN 3939 TROPHY BLVD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 2/10/99 DAYTIME PHONE #: 727-942-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)