

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:47

DOCUMENT # **N38374** (7)

1. Corporation Name

**WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
4153 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	4153 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/30/1990	03/03/1994
4. FEI Number	Applied For / Not Applicable
59-3051870	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARISSA, MICHELLE  
4153 WOOD TRAIL BLVD  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Michelle Marissa*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, TRESSA	1.2 NAME	
STREET ADDRESS	4128 RIVERWOOD DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSIGNORE, TED,	2.2 NAME	
STREET ADDRESS	4414 TALL OAK LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIO, BRUNO	3.2 NAME	
STREET ADDRESS	4315 ROYAL OAK LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARISSA, MICHELLE	4.2 NAME	
STREET ADDRESS	4153 WOOD TRAIL BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECE, HERB	5.2 NAME	
STREET ADDRESS	4430 WOOD TRAIL BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, JOSEPH	6.2 NAME	
STREET ADDRESS	4423 WOOD TRAIL BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	6.4 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 110.07(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:

*Michelle Marissa*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

*Michelle Marissa*  
Date

2-7-95  
813-376-0914  
Daytime Phone #