

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N38374 (7)

1. Corporation Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business

4153 WOOD TRAIL BLVD  
NEW PORT RICHEY FL 34653

Mailing Address

4153 WOOD TRAIL BLVD  
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified  
05/30/1990

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 4423 Wood Trail Blvd. 26 4423 Wood Trail Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
23 City & State  
New Port Richey, Fla.

27  
28 City & State  
New Port Richey, Fla.

24 Zip 34653 Country Pasco

29 Zip 34653 Country Pasco

4. FEI Number

59-3051870

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

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

81 Name Joseph North

82 Street Address (P.O. Box Number is Not Acceptable)  
4423 Wood Trail Blvd.

83

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 Joseph North TREAS. Joseph North, Treasurer March 5, 1996

(Signature typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D SCHULTZ, TRESSA  
NAME  
STREET ADDRESS 4128 RIVERWOOD DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

1.1 TITLE D  
1.2 NAME Robert Linares  
1.3 STREET ADDRESS 4126 Wood Trail Blvd.  
1.4 CITY-ST-ZIP New Port Richey, Fl. 34653

☒ Change ☐ Addition

TITLE D  
NAME BONSIGNORE, TED.  
STREET ADDRESS 4414 TALL OAK LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

2.1 TITLE D  
2.2 NAME Christiansen, Bert  
2.3 STREET ADDRESS 4228 Wood Trail Blvd.  
2.4 CITY-ST-ZIP New Port Richey, Florida 34653

☒ Change ☐ Addition

TITLE D  
NAME GIGLIO, BRUNO  
STREET ADDRESS 4315 ROYAL OAK LN  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

3.1 TITLE D  
3.2 NAME O'Barr, Thomas  
3.3 STREET ADDRESS 8918 Napa Loop  
3.4 CITY-ST-ZIP New Port Richey, Florida, 34653

☒ Change ☐ Addition

TITLE P  
NAME MARISSA, MICHELLE  
STREET ADDRESS 4153 WOOD TRAIL BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

4.1 TITLE P  
4.2 NAME Reece Herb  
4.3 STREET ADDRESS 4430 Wood Trail Blvd.  
4.4 CITY-ST-ZIP New Port Richey, Fl. 34653

☒ Change ☐ Addition

TITLE V  
NAME REECE, HERB  
STREET ADDRESS 4430 WOOD TRAIL BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☒ DELETE

5.1 TITLE V  
5.2 NAME Srsich, Charles  
5.3 STREET ADDRESS 8866 Napa Loop  
5.4 CITY-ST-ZIP New Port Richey, Fl. 34653

☒ Change ☐ Addition

TITLE T  
NAME NORTH, JOSEPH  
STREET ADDRESS 4423 WOOD TRAIL BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
800001771518  
-04/08/96--01009--006  
\*\*\*\$1.25

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: Joseph North TREAS. JOSEPH NORTH TREAS 3-21-96 813-372-7979

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)