

**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: **4423 Wood Trail Blvd.**  
2a. Mailing Address: **4423 Wood Trail Blvd.**  
21. Suite, Apt. #, etc.:  
22. City & State: **New Port Richey, Fla.**  
23. City & State: **New Port Richey, Fla.**  
24. Zip: **34653**  
25. Country: **Pasco**  
26. City & State: **New Port Richey, Fla.**  
27. Suite, Apt. #, etc.:  
28. City & State: **New Port Richey, Fla.**  
29. Zip: **34653**  
30. 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: **MARISSA, MICHELLE 4153 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653**  
10. Name and Address of New Registered Agent:  
81. Name: **Joseph North**  
82. Street Address (P.O. Box Number is Not Acceptable): **4423 Wood Trail Blvd.**  
83. City: **New Port Richey FL 34653**  
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: <b>D</b>	NAME: <b>SCHULTZ, TRESSA</b>	1.1 TITLE: <b>D</b>	1.2 NAME: <b>Robert Linares</b>
STREET ADDRESS: <b>4128 RIVERWOOD DR</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	1.3 STREET ADDRESS: <b>4126 Wood Trail Blvd.</b>	1.4 CITY-ST-ZIP: <b>New Port Richey, Fl. 34653</b>
TITLE: <b>D</b>	NAME: <b>BONSIGNORE, TED.</b>	2.1 TITLE: <b>D</b>	2.2 NAME: <b>Christiansen, Bert</b>
STREET ADDRESS: <b>4414 TALL OAK LANE</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	2.3 STREET ADDRESS: <b>4228 Wood Trail Blvd.</b>	2.4 CITY-ST-ZIP: <b>New Port Richey, Florida 34653</b>
TITLE: <b>D</b>	NAME: <b>GIGLIO, BRUNO</b>	3.1 TITLE: <b>D</b>	3.2 NAME: <b>O'Barr, Thomas</b>
STREET ADDRESS: <b>4315 ROYAL OAK LN</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	3.3 STREET ADDRESS: <b>8918 Napa Loop</b>	3.4 CITY-ST-ZIP: <b>New Port Richey, Florida, 34653</b>
TITLE: <b>P</b>	NAME: <b>MARISSA, MICHELLE</b>	4.1 TITLE: <b>P</b>	4.2 NAME: <b>Reece Herb</b>
STREET ADDRESS: <b>4153 WOOD TRAIL BLVD</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	4.3 STREET ADDRESS: <b>4430 Wood Trail Blvd.</b>	4.4 CITY-ST-ZIP: <b>New Port Richey, Fl. 34653</b>
TITLE: <b>V</b>	NAME: <b>REECE, HERB</b>	5.1 TITLE: <b>V</b>	5.2 NAME: <b>Srsich, Charles</b>
STREET ADDRESS: <b>4430 WOOD TRAIL BLVD</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	5.3 STREET ADDRESS: <b>8866 Napa Loop</b>	5.4 CITY-ST-ZIP: <b>New Port Richey, Fl. 34653</b>
TITLE: <b>T</b>	NAME: <b>NORTH, JOSEPH</b>	6.1 TITLE: <b>800001771518</b>	6.2 NAME: <b>-04/08/96--01009--006</b>
STREET ADDRESS: <b>4423 WOOD TRAIL BLVD</b>	CITY-ST-ZIP: <b>NEW PORT RICHEY FL 34653</b>	6.3 STREET ADDRESS: <b>***\$1.25</b>	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 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)