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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

4423 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653

4423 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653-6646

3. Date Incorporated or Qualified
05/30/1990

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3051870

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTH, JOSEPH
4423 WOOD TRAIL BLVD
NEW PORT RICHEY FL 34653

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	<input type="checkbox"/> DELETE
NAME	LINARES, ROBERT	
STREET ADDRESS	4136 WOOD TRAIL BLVD	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIANSEN, BERT	
STREET ADDRESS	4228 WOOD TRAIL BLVD	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BARR, THOMAS	
STREET ADDRESS	4430 WOOD TRAIL BLVD.	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SRSICH, CHARLES	
STREET ADDRESS	8866 NAPA LOOP	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORTH, JOSEPH	
STREET ADDRESS	4423 WOOD TRAIL BLVD	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REECE, HERB	
STREET ADDRESS	4430 WOOD TRAIL BLVD	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Joseph North JOSEPH NORTH, TREAS.

3-20-97 813-372-7979

CR2E037 (9/96)