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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

05/30/1990

4. FEI Number

59-3051870

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1928

22 City & State

27 City & State
28 Elfers, Fla. 34680

23 Zip Country
24 Country

29 34680 **30** Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

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

Joseph North, Treasurer

(NOTE: Registered Agent signature required when reinstating)

Feb 13, 1998

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	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Srsich, Charles	
1.3 STREET ADDRESS	8866 Napa Loop	
1.4 CITY-ST-ZIP	New Port Richey, Fla. 34653	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIANSEN, BERT	
STREET ADDRESS	4228 WOOD TRAIL BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reece, Herb	
2.3 STREET ADDRESS	4430 Wood Trail Blvd.	
2.4 CITY-ST-ZIP	New Port Richey, Fla. 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	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SRSICH, CHARLES	
STREET ADDRESS	8866 NAPA LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Foskit, Susan	
4.3 STREET ADDRESS	4353 Tall Oak Lane	
4.4 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	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	REECE, HERB	
STREET ADDRESS	4430 WOOD TRAIL BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

6.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kenney, Catherine	
6.3 STREET ADDRESS	4352 Royal Oak Lane	
6.4 CITY-ST-ZIP	New Port Richey, Fl. 34653	

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.

SIGNATURE:

Joseph North, Treasurer 2/13/98 312 252 7670

CR2E037 (1097)