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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N38374

1. Corporation Name
WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business
 4423 WOOD TRAIL BLVD
 NEW PORT RICHEY FL 34653

Mailing Address
 P.O. BOX 1928
 ELFERS FL 34680
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3051870	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINARES, ROBERT	1.2 NAME	ELROY E. SELL
STREET ADDRESS	4136 WOOD TRAIL BLVD	1.3 STREET ADDRESS	4214 TALL OAK LN
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	D	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIANSEN, BERT	2.2 NAME	KAREN Ledence
STREET ADDRESS	4228 WOOD TRAIL BLVD	2.3 STREET ADDRESS	4346 Wood Trail
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BARR, THOMAS	3.2 NAME	
STREET ADDRESS	4430 WOOD TRAIL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSKIT, SUSAN	4.2 NAME	
STREET ADDRESS	4353 TALL OAK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, JOSEPH	5.2 NAME	
STREET ADDRESS	4423 WOOD TRAIL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, CATHERINE	6.2 NAME	
STREET ADDRESS	4352 ROYAL OAK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Catherine Kenney* SIGNATURE REQUIRED

3/16/99

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