

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90328 011 \*\*\*\*61.25

DOCUMENT # N38374

1. Entity Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business

4427 WOOD TRAIL BLVD  
NEW PORT RICHEY FL 34653

Mailing Address

P.O. BOX 1928  
ELFERS FL 34680  
US

2. Principal Place of Business

4229 TALL OAK LANE

Suite, Apt. #, etc.

NONE

3. Mailing Address

4229 TALL OAK LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3051870

Applied For

Not Applicable

Zip

34653

Country

PASCO

Zip

34653

Country

PASCO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, JOSEPH  
8866 NAPA LOOP  
NEW PORT RICHEY FL 34653

KATHLEEN LANG  
4229 TALL OAK LN.  
NPR. FL 34653

7. Name and Address of New Registered Agent

Name LANG, KATHLEEN

Street Address (P.O. Box Number is Not Acceptable)  
4229 TALL OAK LANG

City NEW PORT RICHEY, FL Zip Code 34653

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE KATHLEEN LANG

Kathleen Lang

4-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM MATHESON, ROBERT 4453 COUNTY BREEZE DRIVE NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIENSEN, BERT 4228 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete DON'T DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BARR, THOMAS 4430 WOOD TRAIL BLVD. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM MATHESON, PHYLLIS 4453 COUNTY BREEZE DRIVE NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEDENCE, KAREN 4346 WOOD TRAIL NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEY, CATHERINE 4352 ROYAL OAK LANE NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDY PACKER 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MIKE LEONE 8813 GUMTREE AVE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PEGGY ARCAD 4523 COUNTY BREEZE DR NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KATHLEEN LANG 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES A. LANG 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIAN BRUCK 4538 COUNTY BREEZE DR NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Lang

4-10-02

727-781

2277-5210

CR2E037 (9/01)