

**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

Mailing Address

**4427 WOOD TRAIL BLVD  
 NEW PORT RICHEY FL 34653**

**P.O. BOX 1928  
 ELFERS FL 34680  
 US**

2. Principal Place of Business

3. Mailing Address

**4229 TALL OAK LANE**

**4229 TALL OAK LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NONE**

City & State

**NEW PORT RICHEY, FL**

City & State

**NEW PORT RICHEY, FL**

Zip

**34653**

Country

**PASCO**

Zip

**34653**

Country

**PASCO**

4. FEI Number

**59-3051870**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	<b>BDM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MATHESON, ROBERT</b>	
STREET ADDRESS	<b>4453 COUNTY BREEZE DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHRISTIANSSEN, BERT</b>	
STREET ADDRESS	<b>4228 WOOD TRAIL BLVD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'BARR, THOMAS</b>	
STREET ADDRESS	<b>4430 WOOD TRAIL BLVD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>BDM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MATHESON, PHYLLIS</b>	
STREET ADDRESS	<b>4453 COUNTY BREEZE DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEDENCE, KAREN</b>	
STREET ADDRESS	<b>4346 WOOD TRAIL</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEY, CATHERINE</b>	
STREET ADDRESS	<b>4352 ROYAL OAK LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDY PACKER</b>	
STREET ADDRESS	<b>4222 TALL OAK LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKE LEONE</b>	
STREET ADDRESS	<b>8813 GUMTREE AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEGGY ARCARD</b>	
STREET ADDRESS	<b>4523 COUNTY BREEZE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATHLEEN LANG</b>	
STREET ADDRESS	<b>4229 TALL OAK LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES A. LANG</b>	
STREET ADDRESS	<b>4229 TALL OAK LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIAN BRUCK</b>	
STREET ADDRESS	<b>4538 COUNTY BREEZE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)