

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N38374

Entity Name: WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.

Current Principal Place of Business:

4229 TALL OAK LANE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4229 TALL OAK LANE
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-3051870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, KATHLEEN
4229 TALL OAK LANG
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUTT, ROBERT
Address: 4231 OAKLAND DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: LANG, CHARLES
Address: 4229 TALL OAK LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: RUEN, DANIEL
Address: 4312 OAKLNAD DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: LORNE, BENTON
Address: 8855 NAPA LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: LEONE, MIKE
Address: 8816 GUM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete
Name: BENTON, LORRAINE
Address: 8855 NAPA LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTRICONE, CARISSA
Address: 8748 GUMTREE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SRCICH, CHARLIE
Address: 8866 NAPA LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LANG

VP

04/28/2004

Electronic Signature of Signing Officer or Director

Date