


**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90311 027 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N38374</b>			
1. Entity Name WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.			
Principal Place of Business 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653		Mailing Address 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business 4231 Oakland Drive Suite, Apt. #, etc.		3. Mailing Address 4231 Oakland Drive Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34653	Country USA	Zip 34653	Country USA
6. Name and Address of Current Registered Agent LANG, KATHLEEN 4229 TALL OAK LANE NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name: Robert Nutt Street Address (P.O. Box Number is Not Acceptable): 4231 Oakland Drive 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>KATHLEEN LANG</i> <i>Robert Nutt</i> <i>Kathleen S. Lang</i> DATE: 4-18-05			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CASTRICONE, CARISSA STREET ADDRESS: 8748 GUMTREE AVE. CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: ROBERT NUTT STREET ADDRESS: 4231 OAKLAND DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LANG, CHARLES STREET ADDRESS: 4229 TALL OAK LANE CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: PAT HOLDEN STREET ADDRESS: 4326 GRANDWOOD LANE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RUEN, DANIEL STREET ADDRESS: 4312 OAKLAD DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: SUSAN PHILLIPS STREET ADDRESS: 4331 OAKLAND DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LORNE, BENTON STREET ADDRESS: 8855 NAPA LOOP CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: HOLLY MAKRES STREET ADDRESS: 8731 GUM TREE AVENUE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SRCICH, CHARLIE STREET ADDRESS: 8866 NAPA LOOP CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: OAN RUEN STREET ADDRESS: 4312 OAKLAND DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: BENTON, LORRAINE STREET ADDRESS: 8855 NAPA LOOP CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: KATHY LANG STREET ADDRESS: 4229 TALL OAK LANE CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Change <input 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)(f), 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: <i>KATHLEEN LANG</i>		Date: 4-18-05	

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04182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3051870. Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

*Robert Nutt* 18 MAY 2005 727 389 1919