


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90007 049 \*\*\*\*61.25

<b>DOCUMENT # N38374</b>	
1. Entity Name <b>WOOD TRAIL VILLAGE CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>4231 OAKLAND DR NEW PORT RICHEY, FL 34653 US</b>	Mailing Address <b>4231 OAKLAND DR NEW PORT RICHEY, FL 34653 US</b>
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2. Principal Place of Business <b>4312 OAKLAND DR,</b>	3. Mailing Address <b>4312 OAKLAND DR,</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072006 Chg-NP CR2E037 (11/05)

City & State <b>NEW PORT RICHEY, FL</b>	City & State <b>NEW PORT RICHEY, FL</b>
Zip <b>34653</b>	Zip <b>34653</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3051870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NUTT, ROBERT  
4231 OAKLAND DR  
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

Name  
**DANIEL RUEN**

Street Address (P.O. Box Number is Not Acceptable)  
**4312 OAKLAND DR.**

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 *Robert Nutt* *Daniel Ruen* **1-26-06**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NUTT, ROBERT 4231 OAKLAND DR NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HOLDEN, PAT 4326 GRANDWOOD LANE NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUEN, DANIEL 4312 OAKLAND DR NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORNE, BENTON 8855 NAPA LOOP NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SRCICH, CHARLIE 8866 NAPA LOOP NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAKRES, HOLLY 8721 GUM TREE AVE NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY PHILLIPS, SUSAN 4331 OAKLAND DR. NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Redacted]</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RUEN, DANIEL 4312 OAKLAND DR. NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Redacted]</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Redacted]</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT MAKRES, HOLLY 8721 GUM TREE AVE NEW PORT RICHEY FL 34653</b> <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 exemptions contained in Chapter 119, 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: *Robert Nutt* *Daniel Ruen* **1-26-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #