


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90014 041 ****61.25

DOCUMENT # N38374 1. Entity Name WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.	
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Principal Place of Business 4312 OAKLAND DR NEW PORT RICHEY FL 34653 US	Mailing Address 4312 OAKLAND DR NEW PORT RICHEY FL 34653 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 59-3051870	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent RUEN, DANIEL 4312 OAKLAND DR NEW PORT RICHEY FL 34653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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		<input type="checkbox"/> Delete
TITLE	S PHILLIPS, SUSAN	<input type="checkbox"/>
NAME	4331 OAKLAND DR	
STREET ADDRESS	NEW PORT RICHEY FL 34653	
CITY-ST-ZIP		
TITLE	T HOLDEN, PAT	<input type="checkbox"/>
NAME	4326 GRANDWOOD LANE	
STREET ADDRESS	NEW PORT RICHEY FL 34653	
CITY-ST-ZIP		
TITLE	P RUEN, DANIEL	<input type="checkbox"/>
NAME	4312 OAKLAND DR	
STREET ADDRESS	NEW PORT RICHEY FL 34653	
CITY-ST-ZIP		
TITLE	VP Lorn Adams	<input type="checkbox"/>
NAME	4248 Oakland dr	
STREET ADDRESS	New Port Richey FL 34653	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____