

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38374

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.

**Current Principal Place of Business:**

4312 OAKLAND DR  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

4312 OAKLAND DR  
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:**

RUEN, DANIEL  
4312 OAKLAND DR  
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: S ( ) Delete  
Name: PHILLIPS, SUSAN  
Address: 4331 OAKLAND DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: HOLDEN, PAT  
Address: 4326 GRANDWOOD LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: VP ( ) Delete  
Name: ADAMS, LORN  
Address: 4248 OAKLAND DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAT HOLDEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

04/22/2009

\_\_\_\_\_  
Date