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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39499** (1)

1. Corporation Name

**WOODGATE HOMEOWNERS' ASSOCIATION OF NEW PORT RICHEY, INC.**

Principal Place of Business

Mailing Address

**2711 CYPRESS HOLLOW COURT  
NEW PORT RICHEY FL 34655  
US**

**2711 CYPRESS HOLLOW COURT  
NEW PORT RICHEY FL 34655-3602  
US**

3. Date Incorporated or Qualified  
**07/31/1990**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YORDY, DONALD  
2711 CYPRESS HOLLOW COURT  
NEW PORT RICHEY FL 34655**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ELAINE DAVIS	
STREET ADDRESS	2727 CYPRESS HOLLOW CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	YORDY, DONALD	
STREET ADDRESS	2711 CYPRESS HOLLOW COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, ANGELA	
STREET ADDRESS	6915 OLDGATE CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JULIE POTTER	
STREET ADDRESS	6927 OLDGATE CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN AUERBACH	
STREET ADDRESS	2777 OAK BEND CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID OKAIS	
STREET ADDRESS	6967 OLDGATE CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD SCHMIDT	
1.3 STREET ADDRESS	2753 OAKBEND COURT	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REBECCA ROPPOLO	
3.3 STREET ADDRESS	6947 OLDGATE CIRCLE	
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAUREN CARR	
4.3 STREET ADDRESS	6934 OLDGATE CIRCLE	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRED HENSON	
5.3 STREET ADDRESS	2724 QUITE HOLLOW CT	
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE MORGAN III	
6.3 STREET ADDRESS	6959 OLDGATE CIRCLE	
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald S. Yordy* DONALD S. YORDY 3-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068119

CR2E037 (9/96)