

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

2711 CYPRESS HOLLOW COURT  
NEW PORT RICHEY FL 34655  
US

Mailing Address

2711 CYPRESS HOLLOW COURT  
NEW PORT RICHEY FL 34655  
US

3. Date Incorporated or Qualified

07/31/1990

4. FEI Number

59-2738052

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, RICHARD	
STREET ADDRESS	2753 OAKBEND COURT	
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	ROPOLO, REBECCA	
STREET ADDRESS	6947 OLDGATE CIR	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARR, LAUREN	
STREET ADDRESS	6934 OLDGATE CIR	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HINSON, FRED	
STREET ADDRESS	2724 QUITE HOLLOW 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D GEORGE MORGAN.	
3.3 STREET ADDRESS	6959 OLDGATE CIR.	
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	

4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 YORDY, U** *Donald Yordy*

1-17-98

813) 376-3754

CR2E037 (10/97)