

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N38374

Entity Name: WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.

**Current Principal Place of Business:**

4229 TALL OAK LANE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

4229 TALL OAK LANE  
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:**

LANG, KATHLEEN  
4229 TALL OAK LANG  
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: P ( ) Delete  
Name: NUTT, ROBERT  
Address: 4231 OAKLAND DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete  
Name: LANG, CHARLES  
Address: 4229 TALL OAK LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: D ( ) Delete  
Name: LORNE, BENTON  
Address: 8855 NAPA LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: LEONE, MIKE  
Address: 8816 GUM TREE AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S ( ) Delete  
Name: BENTON, LORRAINE  
Address: 8855 NAPA LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: P (X) Change ( ) Addition  
Name: CASTRICONE, CARISSA  
Address: 8748 GUMTREE AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: D (X) Change ( ) Addition  
Name: SRCICH, CHARLIE  
Address: 8866 NAPA LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES LANG

VP

04/28/2004

Electronic Signature of Signing Officer or Director

Date