

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:56

DOCUMENT # 761182 (5)

1. Corporation Name

THE WILDS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3490 E. LAKE ROAD
SUITE C
PALM HARBOR FL 34685
US

P.O. BOX 1448
PALM HARBOR FL 34682-1448
US

3. Date Incorporated or Qualified

12/21/1981

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2220537

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

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

SCANNAVINO, DOMINICK
0490 E. LAKE RD., SUITE C
PALM HARBOR FL 34685

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

3490 E. LAKE RD., SUITE C

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KREFT, LEN
STREET ADDRESS	6221 WILDS DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	SD
NAME	LUSSIER, AL
STREET ADDRESS	6628 HICKORYWOOD LN
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	BOSCO, MICHAEL
STREET ADDRESS	6138 WILDS DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	SILVER, JOHN
STREET ADDRESS	6642 DEVONSHIRE LANE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	HOWLEY, MARY ANN
STREET ADDRESS	6043 WILDS DRIVE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	CONSALVO, BOB
STREET ADDRESS	6125 WILDS DRIVE
CITY - ST - ZIP	NEW PORT RICHEY FL

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD Howley, Mary Anne
5.3 STREET ADDRESS	6043 Wilds Drive
5.4 CITY - ST - ZIP	New Port Richey, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 affidavit.

SIGNATURE:

Mary Anne Howley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-94

813-548-1857

761182

THE WILDS CONDOMINIUM ASSOCIATION, INC.

ADDITIONAL DIRECTORS

ABRUSCATI, JOSEPH
6640 DARTMOOR LANE
NEW PORT RICHEY FL