

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761182 (5)

1. Corporation Name
THE WILDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US
Mailing Address: P.O. BOX 1448 PALM HARBOR FL 34682-1448 US

3. Date Incorporated or Qualified: 12/21/1981
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2220537	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KREFT, LEN	1.1 TITLE	D AGNELLO, CHARLES
NAME	6221 WILDS DR	1.2 NAME	6641 KELSEY LANE
STREET ADDRESS	NEW PORT RICHEY FL	1.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD LUSSIER, AL	2.1 TITLE	
NAME	6628 HICKORYWOOD LN	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BOSCO, MICHAEL	3.1 TITLE	TD COURNOYER, GEORGE
NAME	6138 WILDS DR	3.2 NAME	6028 ELMHURST DRIVE
STREET ADDRESS	NEW PORT RICHEY FL	3.3 STREET ADDRESS	NEW PORT RICHEY, FL #SC8#
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SILVER, JOHN	4.1 TITLE	
NAME	6642 DEVONSHIRE LANE	4.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD HAWLEY, MARY ANNE	5.1 TITLE	D ABRUSCATI, JOSEPH
NAME	6043 WILDS DRIVE	5.2 NAME	6640 DARTMOOR LANE
STREET ADDRESS	NEW PORT RICHEY FL	5.3 STREET ADDRESS	NEW PORT RICHEY, FL 34653
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD CONSALVO, BOB	6.1 TITLE	PD
NAME	6125 WILDS DRIVE	6.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE: Robert Consalvo President 2/22/96 (813) 841-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)