

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 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 # 761182 (5)**  
1. Corporation Name  
**THE WILDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3490 E. LAKE ROAD SUITE C PALM HARBOR FL 34685 US</b>	Mailing Address <b>P.O. BOX 1448 PALM HARBOR FL 34682-1448 US</b>
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3. Date Incorporated or Qualified <b>12/21/1981</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number <b>59-2220537</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGNELLO, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>6641 KELSEY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUSSIER, AL</b>	2.2 NAME	
STREET ADDRESS	<b>6628 HICKORYWOOD LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURNOYER, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>8028 ELMHURST DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SILVER, JOHN</b>	4.2 NAME	<b>ROY, RAY</b>
STREET ADDRESS	<b>6642 DEVONSHIRE LANE</b>	4.3 STREET ADDRESS	<b>6041 WILDS DRIVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABRUSCATI, JOSEPH</b>	5.2 NAME	<b>WORSHAM, ROGER</b>
STREET ADDRESS	<b>6640 DARTMOOR LANE</b>	5.3 STREET ADDRESS	<b>6100 ELMHURST DRIVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONSALVO, BOB</b>	6.2 NAME	
STREET ADDRESS	<b>6125 WILDS DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	6.4 CITY-ST-ZIP	

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: *Bob Consalvo* **ROBERT CONSALVO** 3/13/97 372-8185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088500

CP2E037 (9/96)