
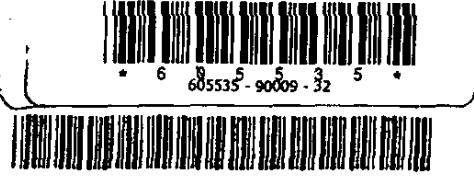


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90035 024 \*\*\*\*61.25

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>761182</b> Corporation Name <b>THE WILDS CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 30 E. LAKE ROAD STE C PALM HARBOR FL 34685	Mailing Address P.O. BOX 1448 PALM HARBOR FL 34682-1448 US	



Principal Place of Business <b>1057A EAST LAKE WOODLANDS PKWY</b> State, Apt. #, etc.	2a. Mailing Address <b>1057A EAST LAKE WOODLANDS PKWY</b> State, Apt. #, etc.	3. Date incorporated or Qualified <b>12/21/1981</b>
City & State <b>OLDSMAR FL</b>	City & State <b>OLDSMAR FL</b>	4. FEE Number <b>59-2220537</b>
Zip <b>34677</b>	Zip <b>34677</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>SCANNAVINO, DOMINICK 3490 E LAKE RD STE C PALM HARBOR FL 34685</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1057A EAST LAKE WOODLANDS PKWY</b> 83 84 City <b>OLDSMAR FL</b> 85 Zip Code <b>34677</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of appointment. (NOTE: Registered Agent's signature required when relinquishing)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	1.1 TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
1. NAME <b>THODEN, BILL</b>	2.1 TITLE	1.2 NAME	
2. STREET ADDRESS <b>6047 ELMHURST DR NEW PORT RICHEY FL</b>	2.2 NAME	1.3 STREET ADDRESS	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	
1. NAME <b>LUSSIER, AL</b>	2.1 TITLE	2.2 NAME	
2. STREET ADDRESS <b>6828 HICKORYWOOD LN NEW PORT RICHEY FL</b>	2.2 NAME	2.3 STREET ADDRESS	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	
1. NAME <b>COURNOYER, GEORGE</b>	2.1 TITLE	2.1 TITLE	
2. STREET ADDRESS <b>6028 ELMHURST DRIVE NEW PORT RICHEY FL</b>	2.2 NAME	2.2 NAME	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	
1. NAME <b>ROY, RAY</b>	2.1 TITLE	2.1 TITLE	
2. STREET ADDRESS <b>6041 WILDS DRIVE NEW PORT RICHEY FL</b>	2.2 NAME	2.2 NAME	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	
1. NAME <b>WORSHAM, ROGER</b>	2.1 TITLE	2.1 TITLE	
2. STREET ADDRESS <b>6100 ELMHURST DRIVE NEW PORT RICHEY FL</b>	2.2 NAME	2.2 NAME	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	
1. NAME <b>CONSALVO, BOB</b>	2.1 TITLE	2.1 TITLE	
2. STREET ADDRESS <b>6125 WILDS DRIVE NEW PORT RICHEY FL</b>	2.2 NAME	2.2 NAME	
3. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.4 CITY-STATE-ZIP	

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 settlor 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/8/99** **727-789-1284**