

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 761182

1. Entity Name

THE WILDS CONDOMINIUM ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-20-2000 90084 047 ****61.25

Principal Place of Business 1050A EAST LAKE WOODLANDS PKWY. OLDSMAR FL 34677 US	Mailing Address 1050A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677-2328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2220537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050A EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
T.D. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	THODEN, BILL 8047 ELMHURST DR NEW PORT RICHEY FL
D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	LUSSIER, AL 6628 HICKORYWOOD LN NEW PORT RICHEY FL
D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	COURNOYER, GEORGE 8028 ELMHURST DRIVE NEW PORT RICHEY FL
S.D. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	ROY, RAY 8041 WILDS DRIVE NEW PORT RICHEY FL
P.D. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	WORSHAM, ROGER 6100 ELMHURST DRIVE NEW PORT RICHEY FL
VP.D. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	CONSALVO, BOB 6125 WILDS DRIVE NEW PORT RICHEY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	SD KAPLAN, JACK 6017 ELMHURST DR. NEW PORT RICHEY, FL 34653
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Thoden* **REVENUES** 4/13/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)