

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90185 014 ****61.25

DOCUMENT # 761182

1. Entity Name

THE WILDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR FL 34677
 US

Mailing Address

1050A EAST LAKE WOODLANDS PKWY
 OLDSMAR FL 34677
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2220537**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T THODEN, BILL 6047 ELMHURST DR NEW PORT RICHEY FL	<input type="checkbox"/> Delete
SD KAPLAN, JACK 6017 ELMHURST DR NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
D COURNOYER, GEORGE 6028 ELMHURST DRIVE NEW PORT RICHEY FL	<input type="checkbox"/> Delete
P WORSHAM, ROGER 6100 ELMHURST DRIVE NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
VP CONSALVO, BOB 6125 WILDS DRIVE NEW PORT RICHEY FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

ED Potter, Marjorie 6707 Kelsey Lane New Port Richey, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-18-01

Date Daytime Phone #

CR2E037 (10/00)