

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 011 ****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

54020490



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2220537

Applied For

Not Applicable

5. Certificate of Status Desired

\$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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	T THODEN, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	6047 ELMHURST DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE NAME	SD KAPLAN, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	6017 ELMHURST DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE NAME	VD LOENARD, SLADE	<input type="checkbox"/> Delete
STREET ADDRESS	6014 WILDS DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE NAME	D SILIPIGNI, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	6654 TIMBERCOVE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE NAME	PD CONSALVO, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	6125 WILDS DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bob Consalvo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #