


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90052 048 ****61.25

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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
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THODEN, BILL		NAME	SPINELLI, DON	
STREET ADDRESS	6047 ELMHURST DR		STREET ADDRESS	6647 TIMBERCOVE LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, JACK		NAME	MAHAR, JANE	
STREET ADDRESS	6017 ELMHURST DR		STREET ADDRESS	6118 WILDS DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOENARD, SLADE		NAME		
STREET ADDRESS	6014 WILDS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIPIGNI, ANTHONY		NAME		
STREET ADDRESS	6854 TIMBERCOVE LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSALVO, BOB		NAME		
STREET ADDRESS	6125 WILDS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Robert Consalvo</i> <i>RT Consalvo</i>				3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	