


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90028 013 \*\*\*\*61.25

<b>DOCUMENT # 761182</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINELLI, DON			NAME	
STREET ADDRESS	6647 TIMBERCOVE LANE			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAL, JANE			NAME	
STREET ADDRESS	6118 WILDS DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
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	6654 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 exemptions contained in Chapter 119, 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: <u><i>Bob Consalvo</i></u>				Date: <u>1/26/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

90028



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4. FEI Number 59-2220537 Applied For Not Applicable

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

FL

1/26/07