

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761182

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE WILDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-2220537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC
720 BROOKER CREEK BLVD #206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEFEBVRE, KAY
Address: 6642 NICKORYWOOD LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: MAHAR, JANE
Address: 6118 WILDS DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: LOENARD, SLADE
Address: 6014 WILDS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HEIZMAN, JOHN
Address: 6650 HICKERYWOOD LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: CONSALVO, BOB
Address: 6125 WILDS DRIVE
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB CONSALVO

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date