2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 761182

1. Entity Name

THE WILDS CONDOMINIUM ASSOCIATION, INC.



FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 91067 041 ****61.25

			THE THE PARTY OF T					
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 1889H JARIN BIRD HI	 	:(1 :1)	3 41 8 (8) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2220537			pplied For	
Zip	Country Zip		Country	5. Certificate of Status Desired		\$8.75 Ac		
6. Name and Address of Current Registered Agent			<u> </u>		Ī	Fee Requir	ed	
	o. Hamo and Address of Culterio	negistered Agent	Name	7. Name and Address	or New Hegistere	d Agent		
SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
OLDSMAR FL 34677							·	
			City		F	_		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or regist	tered agent, or both, in the S	State of Florida. I ar	n familiar with	and accept	
J	· · · · · · · · · · · · · · · · · · ·				#			
SIGNATURE							<u></u>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	red when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor			mpalgn Financing Contribution.	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO	O OFFICERS AND D	DIRECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THODEN, BILL 6047 ELMHURST DR NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, JACK 6017 ELMHURST DR NEW PORT RICHEY FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	D COURNOYER, GEORGE 6028 ELMHURST DRIVE NEW PORT RICHEY FL	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADE LEON ,4 WILDS EW PORT RI LIPIGNI, A 554 TIMBE JEW PORT R	ARD DRIVE	Change	Addition	
	D POTTER, MARJORIE 6707 KELSEY LANE NEW PORT RICHEY FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIPIGNI, A.	REDVE L	Change	Addition	
NAME STREET ADDRESS	VP CONSALVO, BOB 6125 WILDS DRIVE NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORT	l l	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 CNATURE:

GNATURE:

GNATURE:

SIGNATURE: