

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761182

**FILED  
Mar 08, 2013  
Secretary of State  
CC5211065261**

**Entity Name:** THE WILDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT, INC  
5901 US HIGHWAY 19 SUITE 7Q  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT, INC  
5901 US HIGHWAY 19 SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-2220537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
QUALIFIED PROPERTY MANAGEMENT, INC  
5901 US HIGHWAY 19 SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

*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:** MARY A. WHITE

03/08/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            CONSALVO, BOB  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            MAHAR, JANE  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREA  
Name            LEFEBVRE, KAY  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            KYSILKA, PAULA  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            HIEZMAN, JOHN  
Address        QUALIFIED PROPERTY  
                  MANAGEMENT, INC  
                  5901 US HIGHWAY 19 SUITE 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby 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 all other like empowered.*

**SIGNATURE:** BOB CONSALVO

**PRESIDENT**

03/08/2013

Electronic Signature of Signing Officer/Director Detail

Date