

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761182

FILED
Feb 05, 2016
Secretary of State
CC8328178623

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

02/05/2016

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 KLOSKOWSKI, BEVERLY
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title DIRECTOR
Name RAKER, ROGER
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

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date