


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90134 049 ****61.25

DOCUMENT # 761182 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address	
720 Brooker Creek Blvd. #206		02222007 Chg-NP CR2E037 (12/06)	
City & State Oldsmar, FL 34677		4. FEI Number 59-2220537	
Zip 34677		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Scannavino, Inc. Street Address 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Dominick Scannavino</i> DOMINICK SCANNAVINO </div> <div style="width: 40%; text-align: right;"> H-2-07 DATE </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPINELLI, DON 6647 TIMBERCOVE LANE NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAHA JANE 6118 WILDS DR NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOENARD, SLADE 6014 WILDS DRIVE NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILIPIGNI, ANTHONY 6654 TIMBERCOVE LANE NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONSALVO, BOB 6125 WILDS DRIVE NEW PORT RICHEY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robt Combs</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/28/07 Date	
Daytime Phone #			