► 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # 761182 1. Entity Name THE WILDS CONDOMINIUM ASSOCIATION, INC.					04-11-2008	90059 029 ****6	51.25
720 BROOKER CREEK BLVD #206 720		Mailing Address 720 BROOKER CREEK BL OLDSMAR, FL 34677	720 BROOKER CREEK BLVD #206		IIDRI (KURI IRIID IRO)	Aran alan alah alah alah alah el	FILLDI D) (100)
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-222053	37	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	Iress of New R	egistered Agent	-
SCANNAVINO, INC							
	OKER CREEK BLVD #206 R, FL 34677		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
]							_
			City			FL Zip Coo	le
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regi	istered agent, or both, in	the State of Flo	rida. I am familiar with,	and accept
l in obliga	de logistoros agont.						
SIGNATURE							
SIGNATURE	Signature propert or printed name of registered agent	and title if applicable (NOTE: 6	Remeterari Ament signatura ren	nukari when reinstation)		DATE	
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature req	ouked when reinstating)		DATE	. 44
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	M. Flori	ake check payable tida Department of S	to State
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable t	tate +
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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:

Rolet Consului

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

108 813-433-2000