

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761182

FILED
Mar 01, 2011
Secretary of State

Entity Name: THE WILDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 59-2220537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C/O 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 WHITE

03/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: LEFEBVRE, KAY
Address: 6642 HICKORYWOOD LA
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD
Name: MAHAR, JANE
Address: 6118 WILDS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: ROBERTS, HAROLD
Address: 6650 TIMBERCOVE LA
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: HEIZMAN, JOHN
Address: 6650 HICKORYWOOD LA
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD
Name: CONSALVO, BOB
Address: 6628 HICKORYWOOD LA
City-St-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

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date