

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90187 005 ****61.25

DOCUMENT # 751309

1. Entity Name

WILD OAK BAY TERRACE II OWNERS ASSOCIATION, INC.

Principal Place of Business
HARMONY
WAGNER PROP MGT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34210
US

Mailing Address
HARMONY
WAGNER PROP MGT
P O BOX 10067
BRADENTON FL 34287
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2021991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGERTY, JOHN A
448 EL CONQUISTADOR PKWY 4400
#13
BRADENTON FL 34210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Magnus was old name - Harmony prop mgt. John A Hagerty*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **MCDONALD, JOHN**
 CITY-ST-ZIP **29 SHADY TREE MOUNTAIN TOP PA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **STRIMLAN, CHARLES**
 CITY-ST-ZIP **6471 SEAGULL DRIVE 258 BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GROSS, FRANK**
 CITY-ST-ZIP **3438 WOOD OWL CIR BRADENTON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DTD**
 STREET ADDRESS **BRIGHTMAN, ELEANOR**
 CITY-ST-ZIP **6462 WILD OAK RD BRADENTON FL 34210**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **COLE, CHARLES**
 CITY-ST-ZIP **6451 SEAGULL DR-#263 BRADENTON FL 34210**

TITLE ☒ Change ☐ Addition
 NAME **FRED MATTHEWS**
 STREET ADDRESS **6480 WILD OAK BAY Blvd #254**
 CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eleanor Brightman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01
 Date Daytime Phone #

CR2E037 (10/00)