

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-01-2004 90012 007 ****61.25

DOCUMENT # 751309

1. Entity Name
**WILD OAK BAY TERRACE II OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**HARMONY PREP MGT
4400 EL CONQUISTADOR PKWY
BRADENTON, FL 34210 US**

Mailing Address
**4400 EL CONQUISTOCK PKWY
BRADENTON, FL 34210 US**

66410846



03162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2021991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, KENNETH 6480 WILDLOCK BAY BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRIMLAN, CHARLES 6471 SEAGULL DRIVE 258 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GROSS, FRANK 3438 WOOD OWL CIR BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MULKERN, MARIE 3450 WOODLOWL CIR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, FRED 6480 WILDOAK BAY BLVD #257 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, DON 6480 WILD OBBERBAY BLVD. BRADENTON, FL 34210

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone