

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 754725 (0)

1. Corporation Name
WILD OAK BAY TERRACE III OWNERS ASSOCIATION, INC

| | |
|--|--|
| Principal Place of Business 6023 26TH STREET WEST BOX #284 BRADENTON FL 34207 | Mailing Address 6023 26TH STREET WEST BOX #284 BRADENTON FL 34207 |
|--|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 10/20/1980 | Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-2115494 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

NICHOLSON, ALAN M
6470 SEAGULL DR.
#310
BRADENTON FL 34210

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD NICHOLSON, ALAN M 6470 SEAGULL DR #310 BRADENTON FL 34210 | 1.1 TITLE | 5D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD TAYLOR, RALPH 6464 SEAGULL DR #326 BRADENTON FL 34210 | 1.2 NAME | |
| TITLE | SD SWARTZ, ROBERT 6472 SEAGULL DR #302 BRADENTON FL 34210 | 1.3 STREET ADDRESS | |
| TITLE | TD WEISS, STANLEY 6466 SEAGULL DR #324 BRADENTON FL 34210 | 1.4 CITY-ST-ZIP | |
| TITLE | D COLEMAN, DONALD 6464 SEAGULL DR #325 BRADENTON FL 34210 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 2.2 NAME | |
| TITLE | | 2.3 STREET ADDRESS | |
| TITLE | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.2 NAME | |
| TITLE | | 3.3 STREET ADDRESS | |
| TITLE | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | 4.2 NAME | KITLANER, A.F. |
| TITLE | | 4.3 STREET ADDRESS | 6464 SEAGULL DR #330 |
| TITLE | | 4.4 CITY-ST-ZIP | BRADENTON FL 34210 |
| TITLE | | 5.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | 5.2 NAME | KRUEGER, RALPH |
| TITLE | | 5.3 STREET ADDRESS | 6472 SEAGULL DR #305 |
| TITLE | | 5.4 CITY-ST-ZIP | BRADENTON FL 34210 |
| TITLE | | 6.1 TITLE | |
| TITLE | | 6.2 NAME | |
| TITLE | | 6.3 STREET ADDRESS | |
| TITLE | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan M. Nicholson* **REQUIRED** *March 16, 1998 (94) 751-4724*

CR2E037 (10/97)