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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90020 014 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 754725**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2115494	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

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
85	Zip Code

FL

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: *Alan M. Nicholson* DATE: 1-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, ALAN N	1.2 NAME	
STREET ADDRESS	6470 SEAGULL DR #310	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RALPH	2.2 NAME	
STREET ADDRESS	6464 SEAGULL DR #326	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, ROBERT	3.2 NAME	
STREET ADDRESS	6472 SEAGULL DR #302	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCANER, A F	4.2 NAME	
STREET ADDRESS	6464 SEAGULL DR, #330	4.3 STREET ADDRESS	KITCHNER, A.F.
CITY-ST-ZIP	BRADENTON FL 34210	4.4 CITY-ST-ZIP	6464 SEAGULL DR #330 BRADENTON FL 34210
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, RALPH	5.2 NAME	
STREET ADDRESS	6472 SEAGULL DR, #305	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Alan M. Nicholson* DATE: 1-25-99 (941) 751-4774

CR2E037 (11/98)