

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90361 028 ****61.25

DOCUMENT # 754725

1. Entity Name

WILD OAK BAY TERRACE III OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**6023 26TH STREET WEST
 BOX #284
 BRADENTON FL 34207**

**6023 26TH STREET WEST
 BOX #284
 BRADENTON FL 34207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2115494

Applied For

Not Applicable

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

**NICHOLSON, ALAN M
 6470 SEAGULL DR.
 #310
 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

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 **SD NICHOLSON, ALAN N**
 STREET ADDRESS **6470 SEAGULL DR #310**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD TAYLOR, RALPH**
 STREET ADDRESS **6464 SEAGULL DR #326**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD SWARTZ, ROBERT**
 STREET ADDRESS **6472 SEAGULL DR #302**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T KITCHNER, AF**
 STREET ADDRESS **6464 SEAGULL DRIVE, #330**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KRUEGER, RALPH**
 STREET ADDRESS **6472 SEAGULL DR, #305**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Alan M Nicholson
ALAN M NICHOLSON

1-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)