

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90217 045 *****61.25

DOCUMENT # 754725

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2115494**

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

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

7. Name and Address of New Registered Agent

Name

SWARTZ, ROBERT

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

6472 SEAGULL DR #302

City

BRADENTON

FL

Zip Code

34210

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

Robert Swartz
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NICHOLSON, ALAN N	
STREET ADDRESS	6470 SEAGULL DR #310	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, RALPH	
STREET ADDRESS	6464 SEAGULL DR #326	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWARTZ, ROBERT	
STREET ADDRESS	6472 SEAGULL DR #302	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	T	<input type="checkbox"/> Delete
NAME	KITCHNER, AF	
STREET ADDRESS	6464 SEAGULL DRIVE, #330	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, RALPH	
STREET ADDRESS	6472 SEAGULL DR, #305	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FULMER, VELMA	
STREET ADDRESS	6472 SEAGULL DR #303	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWERENZ, WILLIAM	
STREET ADDRESS	6464 SEAGULL DR #329	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYER, GLORIA	
STREET ADDRESS	6470 SEAGULL DR #312	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYER, GLORIA	
STREET ADDRESS	6470 SEAGULL DR #312	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULMER, VELMA	
STREET ADDRESS	6472 SEAGULL DR #303	
CITY-ST-ZIP	BRADENTON, FL 34210	

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:

Robert Swartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)