## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

## Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **749239** 1. Entity Name WILD OAK BAY VISTA V OWNERS ASSOCIATION, INC. 04-17-2000 90102 019 \*\*\*\*61.25 Principal Place of Business Mailing Address 4005 AVENIDA MADERA 4005 AVENIDA MADERA **BRADENTON FL 34210-3736** BRADENTON FL 34210 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2005609 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBBINS, CHARLES E. 4005 AVENIDA MADERA **BRADENTON FL 34210** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Steigernan 🛣 Delete TITLE TITLE NAME STEIGELMAN, AL NAME STREET ADDRESS 6470 MORNING DOVE DR. #101 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP DT ☐ Delete TITLE NAME MINTZ. ALFRED NAME STREET ADDRESS STREET ADDRESS 6470 MOURNING DOVE DR. #304 CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MOTTINO, ROCHARD NAME STREET ADDRESS STREET ADDRESS 6470 MOURNING DOVE DR BRADENTON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME ELFERFELD, RAY NAME STREET ADDRESS STREET ADDRESS 6470 MOURNING DOVE DR. #203 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete TITLE Change ☐ Addition TITLE NAME Craefer, Jerry 6470 MOURNING DOVE DR. #505 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OBLORECTOR

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OBLORECTOR

Daytime Phone #