

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 022 ****61.25

94030229



DOCUMENT # 749239 1. Entity Name WILD OAK BAY VISTA V OWNERS ASSOCIATION, INC.			
Principal Place of Business 4005 AVENIDA MADERA BRADENTON, FL 34210		Mailing Address 4005 AVENIDA MADERA BRADENTON, FL 34210	
2. Principal Place of Business <i>116 SARASOTA QUAY</i>		3. Mailing Address <i>116 SARASOTA QUAY</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>SARASOTA FL</i>		City & State <i>SARASOTA FL</i>	
Zip <i>34236</i>		Zip <i>34236</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 59-2005609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, MICHAEL 6470 MOURNING DOVE DR-105 BRADENTON, FL 34210		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JAMES 301 6470 MOURNING DOVE DR BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Todd Richless 1054 Broadway Albany, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNE, WILLIAM 205 6470 MOURNING DOVE DR BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELBERFELD, RAY 203 6470 MOURNING DOVE DR BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MICHAEL 6460 MORNIND DOVE DR BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRAGER, RED 6470 MOURNING DOVE DR. #505 BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDEN, THOMAS 6470 MOURNING DOVE DR.-402 BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>Michael Gray</i> MICHAEL GRAY <i>3/12/04</i> <i>941.755.4669</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			