

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749239

**Entity Name:** WILD OAK BAY VISTA V OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243

**Current Mailing Address:**

C/O DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243

**FEI Number:** 59-2005609

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCDONALD, JAMES  
Address        C/O DELLCOR MANAGEMENT, INC.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title            VPD  
Name            RICHLESS, TODD  
Address        C/O DELLCOR MANAGEMENT, INC.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title            TREASURER, SECRETARY  
Name            PRESSLER, DONALD  
Address        C/O DELLCOR MANAGEMENT, INC.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES MCDONALD

**PRESIDENT**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date