


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY -7 AM 9:40

700101712577
05/07/07--01010--013 **61.25

MPL

DOCUMENT # 746814			
1. Entity Name WILD OAK BAY TERRACE OWNERS ASSOCIATION, INC.			
Principal Place of Business 3902 MOURNING DOVE DRIVE #231 BRADENTON, FL 34210		Mailing Address 3902 MOURNING DOVE DRIVE #231 BRADENTON, FL 34210	
2. Principal Place of Business - No P.O. Box # C/O DELLCOR MANAGEMENT Suite, Apt. #, etc. 310 PEARL AVENUE City & State SARASOTA, FL Zip 34243 Country USA		3. Mailing Address C/O DELLCOR MANAGEMENT Suite, Apt. #, etc. 310 PEARL AVENUE City & State SARASOTA, FL Zip 34243 Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name DELLCOR MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVENUE City SARASOTA FL Zip Code 34243	
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 <u>DAVID L. DAVIS</u> PRESIDENT, DELLCOR MANAGEMENT 4/9/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD DAVIS, DAVID 3902 MOURNING DOVE DR #231 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVIS, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAROFALO, FRED 6501 MOURNING DOVE DR #217 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, CHARLES 6503 MOURNING DOVE DRIVE #223D BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VNUK, EVA 3805 SUN EAGLE LN #221 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIDWELL, ALAN 6503 MOURNING DOVE DRIVE #222D BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLIVEAU, RAY 3803 SUN EAGLE LN #205 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, WILMA 3803 SUNEAGLE LN #208 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, WILMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>DAVID L. DAVIS</u> 4/9/07 941-758-7481 Signature and typed or printed name of signing officer or director Date Daytime Phone #			