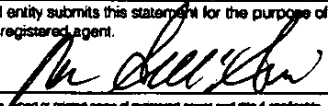
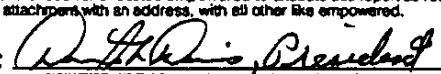


OK

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-29-2008 90192 050 ****61.25

DOCUMENT # 746814					
1. Entity Name WILD OAK BAY TERRACE OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O DELLCOR MANAGEMENT 310 PEARL AVE. SARASOTA, FL 34243			Mailing Address C/O DELLCOR MANAGEMENT 310 PEARL AVE. SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1974093	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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  Dan Dell'Armi 6-16-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAVIS, DAVID		NAME		
STREET ADDRESS	3902 MOURNING DOVE DR #231		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GAROFALO, FRED		NAME		
STREET ADDRESS	6501 MOURNING DOVE DR #217		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCULLOUGH, CHARLES		NAME		
STREET ADDRESS	6503 MOURNING DOVE DR. #223D		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TIDEWELL, ALAN		NAME		
STREET ADDRESS	6503 MOURNING DOVE DR. #217		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FARRELL, WILMA		NAME		
STREET ADDRESS	3803 SUNEAGLE LN #208		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 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:  4/29/08 941-758-7481 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #					

66014371



04152008 Chg-NP CR2E037 (12/06)