

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746814

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1974093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DAVIS, DAVID  
Address: 3902 MOURNING DOVE DR #231  
City-St-Zip: BRADENTON, FL 34210

Title: DV ( ) Delete  
Name: GAROFALO, FRED  
Address: 6501 MOURNING DOVE DR #217  
City-St-Zip: BRADENTON, FL 34210

Title: D (X) Delete  
Name: TIDEWELL, ALAN  
Address: 6503 MOURNING DOVE DR. #217  
City-St-Zip: BRADENTON, FL 34210

Title: S (X) Delete  
Name: FARRELL, WILMA  
Address: 3803 SUNEAGLE LN #208  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: GAROFALO, FRED  
Address: 6501 MOURNING DOVE DR #217  
City-St-Zip: BRADENTON, FL 34210

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID DAVIS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date