

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 021 ****61.25

DOCUMENT # 749238

1. Entity Name
WILD OAK BAY VISTA I OWNERS ASSOCIATION, INC.



Principal Place of Business
**6430 SUN EAGLE LA
BRADENTON, FL 34210**

Mailing Address
**116 SARASOTA QUAY
SARASOTA, FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006 Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2005612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, BARBARA
116 SARASOTA QUAY
SARASOTA, FL 34236**

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

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, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOUWMAN, KENNETH	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	VP / D	<input type="checkbox"/> Delete
NAME	KERRIGAN, MAUREEN	
STREET ADDRESS	6430 SUN EAGLE LN.	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUWMAN, BONNIE	
STREET ADDRESS	6430 SUN EAGLE LN	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KERRIGAN, MAUREEN	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	OFFENHAUER, ROBERT	
STREET ADDRESS	6430 SUN EAGLE LA	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D / P	<input type="checkbox"/> Delete
NAME	HARDER, ROBERT	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL 34210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES GARNER	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE MILBURN	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	P / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM GREENWALD	
STREET ADDRESS	6430 SUN EAGLE LANE	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Robert A. Harder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. HARDER

4/4/06

Date

941-756-1469

Daytime Phone #