


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90025 029 \*\*\*\*61.25

<b>DOCUMENT # 749238</b> 1. Entity Name WILD OAK BAY VISTA I OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6430 SUN EAGLE LA BRADENTON, FL 34210	Mailing Address 116 SARASOTA QUAY SARASOTA, FL 34236
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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
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40110772



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2005612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 DELLCOR MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVENUE City SARASOTA FL Zip Code 34243
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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 Daniel Dell'Armi PRESIDENT, DELLCOR MANAGEMENT 4/9/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUWMAN, KENNETH 6430 SUN EAGLE LANE BRADENTON, FL <input 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	VPO KERRIGAN, MAUREEN 6430 SUN EAGLE LN. BRADENTON, FL 34210 <input 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	S BOUWMAN, BONNIE 6430 SUN EAGLE LN BRADENTON, FL <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 GARNER, JAMES 6430 SUN EAGLE LANE BRADENTON, FL 34210 <input 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 OFFENHAUER, ROBERT 6430 SUN EAGLE LA BRADENTON, FL 34210 <input 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	DP HARDER, ROBERT 6430 SUN EAGLE LANE BRADENTON, FL 34210 <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: Robert Harder 4/27/07 941-358-3366  
Signature and typed or printed name of signing officer or director Date Daytime Phone #