

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90192 044 \*\*\*\*61.25

<b>DOCUMENT # 749238</b> 1. Entity Name <b>WILD OAK BAY VISTA I OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O DELLACOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243</b>			Mailing Address <b>C/O DELLACOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243</b>		
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 <b>59-2005612</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELLACOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOUWMAN, KENNETH 6430 SUN EAGLE LANE BRADENTON, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS WHITE, FRED 6430 SUN EAGLE LANE BRADENTON FL 34210</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD KERRIGAN, MAUREEN 6430 SUN EAGLE LN. BRADENTON, FL 34210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP GREENWALD, CAROL 6430 SUN EAGLE LANE BRADENTON FL 34210</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GARNER, JAMES 6430 SUN EAGLE LANE BRADENTON, FL 34210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D OFFENHAUER, ROBERT 6430 SUN EAGLE LA BRADENTON, FL 34210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD KERRIGAN, MAUREEN 6430 SUN EAGLE LANE BRADENTON FL 34210</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP HARDER, ROBERT 6430 SUN EAGLE LANE BRADENTON, FL 34210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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 another like empowered.					
<b>SIGNATURE:</b> <i>Robert G. Harder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/2008 951-756-1469 Date Daytime Phone #		