

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751308

FILED
Apr 27, 2009
Secretary of State

Entity Name: WILD OAK BAY VISTA II OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

310 PEARL AVENUE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

310 PEARL AVENUE
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2107383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLCOR MANAGEMENT
310 PEARL AVENUE
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: TD () Delete
Name: NORD, LAURIE
Address: 6440 MOURNING DOVE #202
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: EVERETT, ROBERT
Address: 6440 MOURNING DOVE DR #304
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: MATTIX, RICHARD
Address: 6440 MOURNING DOVE DR., #203
City-St-Zip: BRADENTON, FL 34210

Title: D (X) Delete
Name: BOVEE, KEN
Address: 6440 MOURNING DOVE DR #204
City-St-Zip: BRADENTON, FL 34210

Title: SDV () Delete
Name: BEHRENS, JOAN
Address: 6440 MOURNING DOVE DR., #201
City-St-Zip: BRADENTON, FL 34210

Title: D (X) Delete
Name: GARRISON, ART
Address: 6440 MOURNING DOVE #202
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BURGGRAF, BILL
Address: 6440 MOURNING DOVE #305
City-St-Zip: BRADENTON, FL 34210

Title: VPD (X) Change () Addition
Name: MATTIX, RICHARD
Address: 6440 MOURNING DOVE DR., #203
City-St-Zip: BRADENTON, FL 34210

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

Title: SD (X) Change () Addition
Name: BEHRENS, JOAN
Address: 6440 MOURNING DOVE DR., #201
City-St-Zip: BRADENTON, FL 34210

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: LAURIE NORD

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date