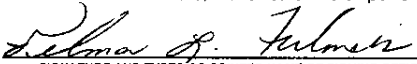


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 002 ****61.25

DOCUMENT # 754725			
1. Entity Name WILD OAK BAY TERRACE III OWNERS ASSOCIATION, INC.			
Principal Place of Business 6023 26TH STREET WEST BOX #284 BRADENTON, FL 34207		Mailing Address 6023 26TH STREET WEST BOX #284 BRADENTON, FL 34207	
2. Principal Place of Business - No P.O. Box # DELLCOR MANAGEMENT Suite, Apt. #, etc. 310 PEARL AVENUE		3. Mailing Address DELLCOR MANAGEMENT Suite, Apt. #, etc. 310 PEARL AVENUE	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34243		Zip 34243	
Country USA		Country USA	
4. FEI Number 59-2115494		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 FULMER, VELMA L 6472 SEAGULL DR, #303 BRADENTON, FL 34210		7. Name and Address of New Registered Agent Name DELLCOR MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVENUE City SARASOTA FL Zip Code 34243	
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, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWERENZ, WILLIAM 6464 SEAGULL DR #329 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 TAYLOR, RALPH 6464 SEAGULL DR #326 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	STD KITCHNER, AF 6464 SEAGULL DRIVE, #330 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, RALPH 6472 SEAGULL DR, #305 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	PD FULMER, VELMA 642 SEAGULL DR, #303 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD SANTANGELO, JAMES 6466 SEAGULL DR # 324 BRADENTON, FL 34210
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: 		Date 4/28/07 Daytime Phone # 941.727.1060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40107956



04042007 Chg-NP CR2E037 (12/06)