

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754725

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** WILD OAK BAY TERRACE III OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 59-2115494      **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: STD  
Name: LEWERENZ, WILLIAM  
Address: 6464 SEAGULL DRIVE #329  
City-St-Zip: BRADENTON, FL 34210

Title: D  
Name: TAYLOR, RALPH  
Address: 6464 SEAGULL DR #326  
City-St-Zip: BRADENTON, FL 34210

Title: VPD  
Name: KITCHNER, A.F.  
Address: 6464 SEAGULL #330  
City-St-Zip: BRADENTON, FL 34210

Title: D  
Name: KRUEGER, RALPH  
Address: 6472 SEAGULL DR, #305  
City-St-Zip: BRADENTON, FL 34210

Title: PD  
Name: SANTANGELO, JAMES  
Address: 6466 SEAGULL DRIVE #324  
City-St-Zip: BRADENTON, FL 34210

I hereby 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 all other like empowered.

SIGNATURE: JAMES SANTANGELO

PD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date