## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # 756039  1. Entity Name WILD OAK BAY VILLA V OWNERS ASSOCIATION, INC.							04-09-200		1 025 ****	51.25	
Principal Ptace of Business 116 SARASOTA QUAY SARASOTA, FL 34236		116	Mailing Address 116 SARASOTA QUAY SARASOTA, FL 34236			40055076					
					<u></u>						
2. Principal Place of Business - No P.O. Box # 1226 N. Tamiami Trail			3. Mailing Address 1226 N. Tamiami Trail				!		}    B     4    4		
Suite, Apt. #, etc. #200			Suite, Apt. #, etc. #200				03162007 <sub>C</sub>	hg-NP	CR2E	037 (12/06)	
City & State			#200 City & State				4. FEI Number			Ap	plied For
Sarasota, FL			Sarasota, FL Country				59-215648	31			t Applicable
34236	4236 Country USA		34236 US		SA SA		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Nama		7. Name and Add	ress of New I	Registered	Agent	
WRIGHT, BARBARA					Name Wright, Barbara						
	SOTA QUAY A, FL 34236		Street Address (			dress (l	P.O. Box Number is	Not Acceptable	le)		
	.,, 0 0				122	6 1	I. Tamian	i Trai	il. #	200	
					1226 N. Tamiami Trail, #200  City Sarasota  FL   Zig Code 34236						
	named entity submits this statem	ent for the purp	ose of changing its	register	ed office or re	egister	ed agent, or both, in	the State of F	lorida. I am		
the obligat	ions of registered agent.							i	,		
SIGNATURE .	Jan 10		·						0)		
	Signature, typed or printed name of registere	agent and title if app	olicable. (NOTI	E: Registere	d Agent signature	required	when reinstating)	., ,	DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			7	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AN	D DIRECTORS				_	Added to Fees			direin of ot	ate
TITLE		D DIFFECTORS		11.			Added to Fees  ADDITIONS/CHANG		`		
	VPD TERPIN MARK	D DIRECTORS	Delete	TITU					`		
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12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daystre Phone #

NAME

STREET ADDRESS

CITY-ST-ZIP