

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90094 025 \*\*\*\*61.25

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|--|--|--|--|---|--|
| <b>DOCUMENT # 756039</b><br>1. Entity Name<br><b>WILD OAK BAY VILLA V OWNERS ASSOCIATION, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>116 SARASOTA QUAY<br/>SARASOTA, FL 34236</b>   |  |  | Mailing Address<br><b>116 SARASOTA QUAY<br/>SARASOTA, FL 34236</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1226 N. Tamiami Trail</b>   |  | 3. Mailing Address<br><b>1226 N. Tamiami Trail</b>   |  |   |  |
| Suite, Apt. #, etc.<br><b>#200</b>   |  | Suite, Apt. #, etc.<br><b>#200</b>   |  |   |  |
| City & State<br><b>Sarasota, FL</b>  |  | City & State<br><b>Sarasota, FL</b>  |  | 4. FEI Number<br><b>59-2156481</b>  |  |
| Zip<br><b>34236</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WRIGHT, BARBARA<br/>116 SARASOTA QUAY<br/>SARASOTA, FL 34236</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Wright, Barbara</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1226 N. Tamiami Trail, #200</b><br>City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b> |   |  |
| 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.<br><br>SIGNATURE  DATE <b>4/3/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>TERPIN, MARK<br>6422 EGRET LANE<br>BRADENTON, FL 34210          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CLARK, ROBERT<br>6308 PELICAN DR.<br>BRADENTON, FL 34210          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BABCOCK, EDWIN<br>6304 PELICAN DR<br>BRADENTON, FL 34210         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>KAUFMAN, MARSHALL<br>6420 WOOD OWL CIRCLE<br>BRADENTON, FL 34210 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>PAUL, SUZANNE<br>6306 PELICAN DR.<br>BRADENTON, FL 34210         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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 <b>Edwin A. Babcock</b> <b>4/5/07</b> <b>941-739-5728</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |   |  |