


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 756039</b> 1. Entity Name WILD OAK BAY VILLA V OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1226 N TAMiami TRAIL #200 SARASOTA, FL 34236	Mailing Address 1226 N TAMiami TRAIL #200 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**

04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2156481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WRIGHT, BARBARA  
1226 N TAMiami TRAIL #200  
SARASOTA, FL 34236

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TERPIN, MARK 6422 EGRET LANE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, ROBERT 6308 PELICAN DR. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BABCOCK, EDWIN 6304 PELICAN DR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAUFMAN, MARSHALL 6420 WOOD OWL CIRCLE BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PAUL, SUZANNE 6306 PELICAN DR. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/18/08-80036-004 61.25

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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:** Edwin A. Babcock **EDWIN A. BABCOCK** 4/3/08 941-739-5728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #