


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 006 ****61.25

| | | | | | |
|--|------------------------|--|---|---|--|
| DOCUMENT # 767019 1. Entity Name WILD OAK BAY TERRACE IV OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243 US | | | Mailing Address DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 59-2328367 | | | | 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 DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCCONNELL, JAMES | | NAME | | |
| STREET ADDRESS | 6423 EGRET LANE, #401 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BRADENTON, FL 34210 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LANDINEZ, LINDA | | NAME | | |
| STREET ADDRESS | 3415 WILD BAY BLVD 428 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BRADENTON, FL 34210 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANNETTA, FRANK | | NAME | | |
| STREET ADDRESS | 6485 EGRET LANE, #407 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BRADENTON, FL 34210 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROWN, DELMONT | | NAME | | |
| STREET ADDRESS | 6459 EGRET LANE, #424 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BRADENTON, FL 34210 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GAVIN, KELLY | | NAME | | |
| STREET ADDRESS | 6435 EGRET LANE #408 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BRADENTON, FL 34210 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 4/5/05 Daytime Phone #: 941-358-3366 | | |

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