2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #767019

FILED May 14, 2007 8:00 am Secretary of State 05-14-2007 90070 011 ****61.25

1. Entity Nam WILD OA INC.		ERRACE IV OWNI	ERS AS	SOCIATION,							
DELLCOR MANAGEMENT, INC. D 310 PEARL AVENUE 3			DELLO 310 F	Mailing Address DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243 US			40111340				
2. Principal Place of Business - No P.O. Box # 3.				ng Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042007 C	Chg-NP	CR2E037 (12/06)		
City & State			City & State			4. FEI Number 59-2328367					pplied For at Applicable
Zip	ip Country		Zip	Zip Co			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	d Agent			7. Name and Ad	dress of New R	egistered Ager	nt	
DELLCOR 310 PEAR SARASOT	L AVENU				Name Street		P.O. Box Number is	Not Acceptable	a)		
					City				FL	Zip Code	ė
	named entit tions of regist	y submits this statement fo tered agent	or the purpo	se of changing its	registered office	or register	ed agent, or both, in	n the State of Flo	orida. I am famil	iar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE	: Registered Agent sign	nature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	_					_	\$5.00 May Be Added to Fees		•	-	
10.	_		RECTORS				\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	ida Departme	nt of St	tate
TITLE '	PD PD	May 1, 2007 OFFICERS AND DIE	RECTORS		11.	□ V.P	Added to Fees Diffions/Chang	Flor SES TO OFFICE	ida Departme	nt of St	tate
TITLE . NAME STREET ADDRESS	PD MCCONN 6423 EGR	Aay 1, 2007 OFFICERS AND DIE JAMES RET LANE, #401	RECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS	V.P RA 341	Added to Fees DDITIONS/CHANG D. Y KOW ALS S WILD OM	Flor GES TO OFFICE OLI L BAY BL	ida Departme	nt of St TORS IN Change	10
NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONN 6423 EGF BRADEN	Aay 1, 2007 OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P RA 341	Added to Fees DDITIONS/CHANG	Flor GES TO OFFICE OLI L BAY BL	ida Departme	nt of SI TORS IN Change	10 Addition
TITLE . NAME STREET ADDRESS	PD MCCONN 6423 EGR	OFFICERS AND DIE OFFICERS AND DIE NELL, JAMES RET LANE, #401 TON FL 34210	RECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS	V.P RA 341	Added to Fees DDITIONS/CHANG D. Y KOW ALS S WILD OM	Flor GES TO OFFICE OLI L BAY BL	ida Departme	nt of St TORS IN Change	10
NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONN 6423 EGF BRADEN DT LANDINE	OFFICERS AND DIE OFFICERS AND DIE NELL, JAMES RET LANE, #401 TON FL 34210	RECTORS	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V.P RA 3411 DAA	Added to Fees DDITIONS/CHANG D. Y KOW ALS S WILD OM	Flor GES TO OFFICE OLI L BAY BL	ida Departme	nt of SI TORS IN Change	10 Addition
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GNATURE:

Signature and trypegore result of 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 receive-por 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.

LINDA LANDINEZ

GNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Degree Proce •