

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767019

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WILD OAK BAY TERRACE IV OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

**New Mailing Address:**

**FEI Number:** 59-2328367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELLCOR MANAGEMENT, INC.  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: KOWALSKI, RAY  
Address: 3415 WILD OAK BAY BLVD SUITE 430  
City-St-Zip: BRADENTON, FL 34210

Title: TD ( ) Delete  
Name: LANDINEZ, LINDA  
Address: 3415 WILD OAK BLVD.  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: GAVIN, KELLY  
Address: 6435 EGRET LANE #408  
City-St-Zip: BRADENTON, FL 34210

Title: DP ( ) Delete  
Name: MOROSI, SHARON  
Address: 3415 WILD OAK BAY BLVD #425  
City-St-Zip: BRADENTON, FL 34210

Title: SD ( ) Delete  
Name: POISSON, RICHARD  
Address: 3415 WILD OAK BAY BLVD  
City-St-Zip: BRADENTON, FL 34210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LANDINEZ

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04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date