2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90031 037 ****61.25

DOCUMENT # N03000000088

1. Entity Name
WOLF CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3120 O'BRIEN DR TALLAHASSEE, FL 32309	3120 O'BRIEN DR TALLAHASSEE, FL 32309

02222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1580 BANNERMAN RD	1580 BANNERMAN RD.
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32312 Country USA	Zip 32312 Country USA

4. FEI Number APPLIED FOR 20-1846710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, STEPHEN N
3120 O'BRIEN DR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name MARIE EDDY
Street Address (P.O. Box Number is Not Acceptable)
1580 BANNERMAN RD. Suite 2
City TALLAHASSEE FL Zip Code 32312

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 Marie Eddy Manager 2/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAWS, STEPHEN C PO BOX 13677 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST ROBERTS, STEPHEN N 3120 O'BRIEN DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWS, NENA PO BOX 13677 TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Marie Eddy Manager 2/22/05 850-894-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #