2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90026 002 ****61.25

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1. Entity Name
WOLF CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312

02102006 Chg-NP CR2E037 (11/05)

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 20-1846710 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDDY, MARIE
1580 BANNERMAN RD SUITE 2
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name EDDY, MARIE
Street Address (P.O. Box Number is Not Acceptable)
7113 Beech Ridge TRAIL Ste. 1
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 _____
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, 2006

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	DP Lepez, JEAN P. 1926 NENA Hills DR. TALLAHASSEE, FL 32303 ☐ 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	DV Boyce, Ashley 1856 NENA Hills DR. TALLAHASSEE, FL 32303 ☐ 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	DST HENDEL, sheri 1852 NENA Hills DR. TALLAHASSEE, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bishop, GREGG 1866 NENA Hills DR TALLAHASSEE, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUGLIAK, BARRY 1853 NENA Hills DR. TALLAHASSEE, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/4/06 850-894-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #