2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000088

FILED May 01, 2009 Secretary of State

Entity Name: WOLF CREEK HOMEOWNERS ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 3064 HIGHLAND OAKS TERRACE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** PO BOX 15107 TALLAHASSEE, FL 32317 FEI Number: 20-1846710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RITCHRY, PATRICK RITCHEY, PATRICK 3064 HIGHLAND OAKS TERRACE 30726 BLUE STAR HWY MIDWAY, FL 32343 TALLAHASSEE, FL 32301 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: PATRICK RITCHEY 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete LEPEZ, JEAN P Name: Name: Address: 1926 NENA HILLS DR Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BOYCE, ASHLEY Name: DENZITA, GONZALEZ Address: 1856 NENA HILLS DR Address: 1621 COREY WOOD CIRCLE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: DST () Delete Title: () Change () Addition HENDEL, SHERI Name: Name: 1852 NENA HILLS DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 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: PATRICK RITCHEY MANAGER MGR 05/01/2009