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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

03-29-2006 90127 039 ****61.25

DOCUMENT # N05000009354
1. Entity Name
WOLF CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
7785 5210 BELFORT ROAD
SUITE 400
JACKSONVILLE, FL 32256
Mailing Address
7785 5210 BELFORT ROAD
SUITE 400
JACKSONVILLE, FL 32256

66009337



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
6320 St. Augustine Rd
Suite, Apt. #, etc.
leB
City & State
Jacksonville, FL
Zip
32217
Country
Duval

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
593817461
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STERLING FIN. & MGMT., INC.
6320 ST. AUGUSTINE ROAD
SUITE 6B
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include Genovese, William; Budd, Shawn; Crafton, Jim; and Rick Covell.

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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: [Signature] Date: 1-23-06 Daytime Phone #: 904-425-6447