


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90064 003 ****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 6320 ST. AUGUSTINE RD # 6 B JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11555 CENTRAL PARKWAY		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 603		
City & State		City & State JACKSONVILLE, FL		4. FEI Number 59-3817461
Zip		Country		Applied For <input type="checkbox"/> Not Applicable
Country		Zip 32224		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country		Country FL		6. Name and Address of Current Registered Agent
City & State		City & State JACKSONVILLE, FL		7. Name and Address of New Registered Agent
Zip		Zip 32224		Name
Country		Country FL		Street Address (P.O. Box Number is Not Acceptable)
City & State		City & State JACKSONVILLE, FL		11555 CENTRAL PARKWAY STE 603
Zip		Zip 32224		City JACKSONVILLE Zip Code 32224
Country		Country FL		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.
City & State		City & State JACKSONVILLE, FL		SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
Zip		Zip 32224		Filing Fee is \$61.25 Due by May 1, 2007
Country		Country FL		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State JACKSONVILLE, FL		Make check payable to Florida Department of State
Zip		Zip 32224		10. OFFICERS AND DIRECTORS
Country		Country FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENOVESE, WILLIAM 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUDD, SHAWN 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COVELL, RICK 5210 BELFORT RD, STE 400 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William Genove</i>		Date: 4-2-07		Daytime Phone #: 904-425-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #