


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 031 ****61.25

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1. Entity Name
WOLF CREEK CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**11555 CENTRAL PKWY
 603
 JACKSONVILLE, FL 32224**

2. Principal Place of Business - No P.O. Box #
11555 Central Pkwy

3. Mailing Address
 Suite, Apt. #, etc.
Suite 603

City & State
Jacksonville, FL

City & State

Zip
32224

Country

Zip

Country

6. Name and Address of Current Registered Agent

**STERLING FIN & MGMT, INC.
 11555 CENTRAL PKWY STE 603
 JACKSONVILLE, FL 32224**



02122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3817461

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Ron E. Cotterill

Street Address (P.O. Box Number is Not Acceptable)
1010 North Florida Ave

City
Tampa

State
FL

Zip Code
33602

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 **R Ron E. Cotterill** DATE **4-14-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE PD | GENOVESE, WILLIAM 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | TITLE P John Dunnigan 13364 Beach Blvd # 434 Jacksonville FL 32224 |
| TITLE VD | WHITTAKER, TROY K 13364 BEASY BLVD #819 JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | TITLE VP LAWRENCE PEREIRA 13364 Beach Blvd # 607 Jacksonville, FL 32224 |
| TITLE STD | BUDO, SHAWN 5210 BELFORT RD, STE 400 JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | TITLE VP LAWRENCE KLEINMAN 13364 Beach Blvd # 934 Jacksonville, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE T Kevin Whittaker 13364 Beach Blvd # 819 Jacksonville, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE S Heary Kendrick 13364 Beach Blvd # 634 Jacksonville, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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 **4/21/08** DAYTIME PHONE # **904-504-9151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR