


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N06000000428	
1. Entity Name HOMEOWNERS' ASSOCIATION OF WOLF CREEK RIDGE, INC.	

Principal Place of Business 7758 WALLACE ROAD SUITE F ORLANDO, FL 32819	Mailing Address 7758 WALLACE ROAD SUITE F ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0564731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENN, RONALD E
 7758 WALLACE ROAD
 SUITE F
 ORLANDO, FL 32819

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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 _____ DATE _____
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

U00000795666
 01/28/08-80056-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENN, RONALD E 7758 WALLACE ROAD #F ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENN, DEBORAH A 7758 WALLACE ROAD #F ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUPTA, SURESH 5200 VINELAND ROAD #200 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ronald E. Fenn Ronald E. Fenn 1/21/08 407-352-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #