

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30519

FILED
Feb 25, 2008
Secretary of State

Entity Name: WOLF BRANCH VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

22846 STALLION DRIVE
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1184
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number: 59-2946578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGHTMAN, PATRICIA
22846 STALLION DRIVE
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALL, ANGELA
Address: 22822 STALLION DR
City-St-Zip: SORRENTO, FL 32776

Title: S () Delete
Name: BELL, DOUG
Address: 22847 STALLION DR
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: HOITT, SHERRI
Address: 32925 WOLFS TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: WIGHTMAN, PATRICIA
Address: 22846 STALLION DR
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: SMITH, JUDY
Address: 22935 LYNX CT
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOITT, SHERRI
Address: 32925 WOLFS TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALL, ANGELA
Address: 22822 STALLION DR
City-St-Zip: SORRENTO, FL 32776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PATRICIA L. WIGHTMAN

TRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date