

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009354

**FILED  
Mar 18, 2015  
Secretary of State  
CC8503084616**

**Entity Name:** WOLF CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13364 BEACH BLVD.  
ASSOCIATION MANAGER'S OFFICE  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

13364 BEACH BLVD.  
ASSOCIATION MANAGER'S OFFICE  
JACKSONVILLE, FL 32224

**FEI Number: 59-3817461**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WASSERSTEIN, DANIEL  
6501 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL 33487 US

*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

**Officer/Director Detail :**

Title P  
Name HUGHES, ROBERT  
Address 13364 BEACH BLVD. MANAGER'S OFFICE  
City-State-Zip: JACKSONVILLE FL 32224

Title DIR  
Name MAGARRIGLE, HANK  
Address 13364 BEACH BLVD. MANAGER'S OFFICE  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name CORNELL, BONNIE  
Address 13364 BEACH BLVD. MANAGER'S OFFICE  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name MORRIS, FRED  
Address 13364 BEACH BLVD. MANAGER'S OFFICE  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name LEGANT, WILLIAM  
Address 13364 BEACH BLVD. ASSOCIATION MANAGER'S OFFICE  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT HUGHES**

**PRESIDENT**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date