# 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: DOUGLAS BELL

City-State-Zip: LONGWOOD FL 32779

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N30519

Entity Name: WOLF BRANCH VILLAGE ASSOCIATION, INC.

# **Current Principal Place of Business:**

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779

#### **Current Mailing Address:**

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

### FEI Number: 59-2946578

### Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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	E: BRADLEY POMP			04/19/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	BELL, DOUGLAS	Name	FLINT, CHARLES	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	DIRECTOR			
Name	MOELLER, LISA			
Address	2180 WEST SR 434 STE 5000			

PRESIDENT

FILED Apr 19, 2016 Secretary of State CC2255365361

Certificate of Status Desired: No

04/19/2016 Date