

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30519

**Entity Name:** WOLF BRANCH VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

22846 STALLION DR  
SORRENTO, FL 32776

**Current Mailing Address:**

P.O. BOX 1184  
SORRENTO, FL 32776 US

**FEI Number:** 59-2946578

**Certificate of Status Desired:** No

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

WIGHTMAN, PATRICIA  
22846 STALLION DR  
SORRENTO, FL 32776 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 KROK, JESSE  
Address 22822 STALLION DR  
City-State-Zip: SORRENTO FL 32776

Title S  
Name KROK, MIKE  
Address 32714 WOLFS TRAIL  
City-State-Zip: SORRENTO FL 32776

Title T  
Name WIGHTMAN, PATRICIA  
Address 22846 STALLION DR  
City-State-Zip: SORRENTO FL 32776

Title D  
Name PETTENGILL, DAVID W  
Address 32316 WOLFS TRAIL  
City-State-Zip: SORRENTO FL 32776

Title D  
Name BELL, DOUG  
Address 22847 STALLION DR  
City-State-Zip: SORRENTO FL 32776

*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: PATRICIA WIGHTMAN**

**TREASURER**

**04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date