

N04000006455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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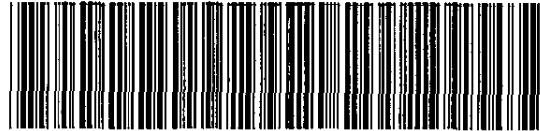
(Business Entity Name)

(Document Number)

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2005 SEP 14 PM 2:22

TALLAHASSEE, FLORIDA

08/22/05--01044--001

**35.00

R. A. Chong

C. Coulllette SEP 14 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 24, 2005

JOE HAOSHS
STERLING MANGEMENT SERVICES, INC.
6320 ST. AUGUSTINE RD., STE. 6B
JACKSONVILLE, FL 32217

SUBJECT: WOLF CREEK MASTER ASSOCIATION, INC.
Ref. Number: N04000006455

We have received your document for WOLF CREEK MASTER ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 605A00053634

RECEIVED
05 SEP 14 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wolf Creek Master Association, Inc.
(Name of corporation)

DOCUMENT NUMBER: N04000006455

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Haobsh
(Name of contact person)

Sterling Management Services, Inc.
(Firm/Company)

6320 St. Augustine Rd. Suite 6B
(Address)

Jacksonville, FL 32217
(City/state and zip code)

For further information concerning this matter, please call:

Bill Genovese at (904) 733-7300
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wolf Creek Master Association, Inc.
2. The principal office address: 5210 Belfort Road South Suite 400
Jacksonville, FL 32256
3. The mailing address (if different): 5210 Belfort Road South Suite 400
Jacksonville, FL 32256
4. Date of incorporation/qualification: 06/29/2004 Document number: N04000006455
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

May Management Services, Inc.

10036 Sawgrass Drive West Suite 1

Ponte Vedra Beach, FL 32082

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~Sterling Management Services, Inc.~~

Sterling Fin. & Mgmt, Inc.

6320 St. Augustine Rd. Suite 6B

(P.O. Box NOT acceptable)

Jacksonville, FL 32217

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bill Genovese Pres.
(Signature of an officer or director)

Bill GENOVESE Pres.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J. Abdul
(Signature of Registered Agent)

8-2-05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314