

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

236.25

DOCUMENT # N04000006455

1. Entity Name  
WOLF CREEK MASTER ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC -9 PM 2:19

REINSTATEMENT 05

Principal Place of Business  
5210 BELFORT ROAD SOUTH SUITE 400  
JACKSONVILLE, FL 32256

Mailing Address  
5210 BELFORT ROAD SOUTH SUITE 400  
JACKSONVILLE, FL 32256



2. Principal Place of Business

3. Mailing Address

10132005 REIN-NP

CR2E099 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

651242004

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERLING FIN. & MGMT, INC.  
6320 ST. AUGUSTINE RD., STE. 6B  
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12/09/05--01053--001 \*\*236.25

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* Sterling Fin & Mgmt, Inc.

12-7-05

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SETZER, KEVIN  
STREET ADDRESS 5210 BELFORT ROAD SOUTH SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Delete

TITLE VD  
NAME FAVARA, DINO  
STREET ADDRESS 5210 BELFORT ROAD SOUTH SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Delete

TITLE STD  
NAME SCHAEDEL, LINDA  
STREET ADDRESS 5210 BELFORT ROAD SOUTH SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Bill Genovese  
STREET ADDRESS 5210 Belfort Rd. South #400  
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE VD  
NAME Shawn Budd  
STREET ADDRESS 5210 Belfort Rd. South #400  
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE STD  
NAME Jim Crafton  
STREET ADDRESS 5210 Belfort Rd. South #400  
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*[Signature]* Bill Genovese