

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90037 039 \*\*\*\*61.25

**DOCUMENT # N04000006455**

1. Entity Name  
**WOLF CREEK MASTER ASSOCIATION, INC.**



Principal Place of Business  
**11555 CENTRAL PARKWAY  
G03  
JACKSONVILLE, FL 32224**

Mailing Address  
**11555 CENTRAL PARKWAY  
G03  
JACKSONVILLE, FL 32224**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**603**  
City & State

**603**  
City & State

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1242004**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERLING FIN. & MGMT, INC.  
11555 CENTRAL PARKWAY STE 603  
JACKSONVILLE, FL 32224**

Name **James DeFurio**  
Street Address (P.O. Box Number is Not Acceptable) **301 E. Kennedy Blvd. Ste. 775**  
City **Tampa** FL Zip Code **33602**

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

*James R. DeFurio, Esq.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

**3-13-08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD FISHER, ANDREW**  
STREET ADDRESS **3636 SUMMERLIN LANE N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE ☐ Delete  
NAME **VD WHITTAKER, TROY K**  
STREET ADDRESS **13364 BEACH BLVD #819**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE ☐ Delete  
NAME **TD KLEINMAN, LAWRENCE**  
STREET ADDRESS **13364 BEACH BLVD #934**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE ☐ Delete  
NAME **SD MCCOID, PADRAIG**  
STREET ADDRESS **13364 BEACH BLVD #531**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE ☐ Delete  
NAME **D MACARON, MALEK**  
STREET ADDRESS **3592 PEBBLE PATH LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LAWRENCE KLEINMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/08**