


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90026 006 \*\*\*\*61.25

<b>DOCUMENT # N04000006536</b>					
<b>1. Entity Name</b> WOLF CREEK TOWNHOME OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11555 CENTRAL PARKWAY 603 JACKSONVILLE, FL 32224			<b>Mailing Address</b> 11555 CENTRAL PARKWAY 603 JACKSONVILLE, FL 32224		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1242005	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
STERLING FIN. & MGMT. INC. 11555 CENTRAL PARKWAY STE 603 JACKSONVILLE, FL 32224			Name: <u>Ronald Cotterill</u> Street Address (P.O. Box Number is Not Acceptable): <u>21010 N. Florida Ave.</u> City: <u>Tampa</u> FL Zip Code: <u>33602</u>		
<b>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.</b> SIGNATURE: <u>Ronald E. Cotterill</u> <u>RONALD E. COTTERILL 3-24-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to:</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNYDER, ROB		NAME	SAI DeMarco	
STREET ADDRESS	3732 WINDMAKER WAY		STREET ADDRESS	13252 Stone Pond Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, DONNA		NAME		
STREET ADDRESS	3734 WINDMAKER WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PNZYSUCHA, KAREN		NAME	Joanna Haxer	
STREET ADDRESS	13455 STONE POND DR		STREET ADDRESS	3559 Nightscape circle	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCHADIE, JEANNE		NAME		
STREET ADDRESS	13523 STONE POND DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, TABATHA		NAME		
STREET ADDRESS	13365 STONE POND DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Donna Carlson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-24-08</u> <small>Date</small>		
			<small>Daytime Phone #</small>		