

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006536

FILED
Mar 10, 2009
Secretary of State

Entity Name: WOLF CREEK TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-1242005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DEMARCO, SAL
Address: 13252 STONE POND DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: P () Delete
Name: CARLSON, DONNA
Address: 3734 WINDMAKER WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: HANSER, JOANNA
Address: 3559 NIGHTSCAPE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: MONCHADIE, JEANNE
Address: 13523 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Delete
Name: STOKES, TABATHA
Address: 13365 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MARCHADIE, NEIL
Address: 13523 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change () Addition
Name: BODIN, PAULINE M
Address: 13266 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD (X) Change () Addition
Name: DEMARCO, SALVATORE
Address: 13252 STONE POND DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: HOUSER, JOANNA
Address: 1975 BRISTA DEMAR CIR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEIL MARCHADIE

VPD

03/10/2009

Electronic Signature of Signing Officer or Director

Date