

FILE NOW: FILING FEE IS \$61.25


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90209 025 \*\*\*\*61.25

404814-90209-25



NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30519**  
 1. Corporation Name  
**WOLF BRANCH VILLAGE ASSOCIATION, INC.**

Principal Place of Business  
 2978 HARBOUR LANDING WAY  
 CASSELBERRY FL 32707  
 US

Mailing Address  
 2978 HARBOUR LANDING WAY  
 CASSELBERRY FL 32707  
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/06/1989	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2946578	
24	Country	29	Country	Applied For	
25		30		Not Applicable	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NEMAZIE, ALI A. 2978 HARBOUR LANDING WAY CASSELBERRY FL 32707				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMAZIE, ALI A.	1.2 NAME	
STREET ADDRESS	500 E.SEMORAN BLVD.,#2H	1.3 STREET ADDRESS	2978 HARBOUR LANDING WAY
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAO, SUBBA M.	2.2 NAME	
STREET ADDRESS	500 E.SEMORAN BLVD.,#2H	2.3 STREET ADDRESS	2978 HARBOUR LANDING WAY
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMAZIE, SAKINA	3.2 NAME	
STREET ADDRESS	500 E.SEMORAN BLVD.,#2H	3.3 STREET ADDRESS	2978 HARBOUR LANDING WAY
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ali A. NEMAZIE 4-19-99 (407) 695-3224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)