


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90044 009 \*\*\*\*61.25

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



Principal Place of Business  
 22824 COUGAR CT  
 SORRENTO, FL 32776 US

Mailing Address  
 P.O. BOX 1184  
 SORRENTO, FL 32776 US

00010400



2. Principal Place of Business  
 22950 LYNX CT.  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. BOX 1184  
 Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State  
 SORRENTO, FL

City & State  
 SORRENTO, FL

Zip  
 32776

Country  
 USA

4. FEI Number  
 59-2946578

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GOEHRING, TERESA L  
 22824 COUGAR CT.  
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent  
 Name  
 NOEL KEMPER  
 Street Address (P.O. Box Number is Not Acceptable)  
 22950 LYNX CT.  
 City  
 SORRENTO FL Zip Code  
 32776

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 Noel Kemper DATE 1-29-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEUERSTEIN, JAMES 2274 STALLION DR SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMPER, NOEL 22935 LYNX COURT SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOCHRING, TERESA 22824 COUGAR CT SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAAB, PAUL D 22802 STALLION DR SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, DARLEN 22732 STALLION DR. SORRENTO, FL 32757 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FEUERSTEIN, JAMES 22724 STALLION DR. SORRENTO, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEMPER, NOEL 22950 LYNX CT. SORRENTO, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FINDLEY, ANDREW 22830 STALLION DR. SORRENTO, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WIGHTMAN, PATRICIA 22846 STALLION DR. SORRENTO, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SMITH, JUDY 22935 LYNX CT. SORRENTO, FL 32776 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Noel Kemper NOEL KEMPER DATE 1-29-06 352-383-8509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #