2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State 02-12-2007 90075 022 ****61.25

DOCUMENT # N30519 1. Entity Name WOLF BRANCH VILLAGE ASSOCIATION, INC.					02-12-2007 90075 022 ****61.25			
Principal Plac 22950 LYNX SORRENTO,		Mailing Address P.O. BOX 1184 SORRENTO, FL 32776	US		qui	11000-		
	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		· 	01242007	Chg-NP	CR2E037 (12/06)	
City & Stat	nto PC	City & State			4. FEI Number 59-29465	578		pplied For ot Applicable
Zip 327		Zip	Country	•	5. Certificate of	Status Desired	S8.75 Ade Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
KEMPER, 22950 LYN	NX CT	Name P_a+ Street Address (ricia Wightman P.O. Box Number is Not Acceptable)			
SORRENT	TO, FL 32776				22846	Stallion	Drive	
9 The chair	*		City		rento			776
the obligat	e named entity submits this statement for tions of registered agent. Signature, typed or printed pame of registered agent.	Dightman -		L.V	Vightma.		2-7-07	and accept
*1 4	Filing Fee is \$61.25	9. Election Cam	paign Financing		\$5.00 May Be	M	ake check payable t	· · · · · · · · · · · · · · · · · · ·
	Due by May 1, 2007	Trust Fund Co			Added to Fees	l l	ida Department of S	
10.	OFFICERS AND DI	RECTORS		-	Added to Fees	Flori		tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			ontribution.	Ang	Added to Fees ADDITIONS/CHAN (SIDENT ELA Wall 22 Stall	Flori	ida Department of S	tate
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12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete

Daytime Phone #