


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N41974 1. Entity Name WOLFBRANCH ESTATES HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business PO BOX 876 SORRENTO, FL 32776	Mailing Address PO BOX 876 SORRENTO, FL 32776
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3090653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIMBROUGH, DIEDRA 32119 WOLFBRANCH LANE SORRENTO, FL 32776

**DO NOT WRITE
IN THIS SPACE**

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 <i>Diedra M Kimbrough</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>4-23-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACK, DANNY 32521 WOLFBRANCH LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINIEWICZ, ADAM 32426 WOLFBRANCH LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIMBROUGH, DIEDRA 32119 WOLFBRANCH LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGE, TOM 32546 WOLFBRANCH LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDLEY, TINA 32040 CHESTNUT LANE SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYLAN, BONNIE 32129 WOLFBRANCH LANE SORRENTO, FL 32776

**DO NOT WRITE
IN THIS SPACE**

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05/16/08-80019-013 61.25

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: <i>Diedra M Kimbrough</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4-23-08</i> DAYTIME PHONE # <i>352-735-3607</i> <small>Date Daytime Phone #</small>