

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41974

FILED
Feb 05, 2009
Secretary of State

Entity Name: WOLFBRANCH ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 876
SORRENTO, FL 32776

New Principal Place of Business:

32119 WOLFBRANCH LANE
SORRENTO, FL 32776

Current Mailing Address:

PO BOX 876
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-3090653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIMBROUGH, DIEDRA
32119 WOLFBRANCH LANE
SORRENTO, FL 32776 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: PD () Delete
Name: MACK, DANNY
Address: 32521 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: ZINIEWICZ, ADAM
Address: 32426 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

Title: TD () Delete
Name: KIMBROUGH, DIEDRA
Address: 32119 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: SAGE, TOM
Address: 32546 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: PENDLEY, TINA
Address: 32040 CHESTNUT LANE
City-St-Zip: SORRENTO, FL 32776

Title: SD () Delete
Name: BOYLAN, BONNIE
Address: 32129 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: MAGNO, SHERRY
Address: 32535 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

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: DIEDRA M. KIMBROUGH

TD

02/05/2009

Electronic Signature of Signing Officer or Director

Date