2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# N41974

Entity Name: WOLFBRANCH ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

32119 WOLFBRANCH LANE
SORRENTO, FL 32776

New Principal Place of Business:

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
Name: MACK, DANNY
Address: 32521 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

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

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

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

Title: D
Name: MAGNO, SHERRY
Address: 32535 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

Title: SD
Name: ROBIN, BRUBAKER
Address: 32403 WOLFBRANCH LANE
City-St-Zip: SORRENTO, FL 32776

I hereby 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 all other like empowered.

SIGNATURE: DIEDRA M KIMBROUGH TD 04/13/2010

Electronic Signature of Signing Officer or Director — Date