

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30519

**FILED  
Apr 21, 2014  
Secretary of State  
CC7504636482**

**Entity Name:** WOLF BRANCH VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

22846 STALLION DR  
SORRENTO, FL 32776

**Current Mailing Address:**

P.O. BOX 1184  
SORRENTO, FL 32776 US

**FEI Number: 59-2946578**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WIGHTMAN, PATRICIA  
22846 STALLION DR  
SORRENTO, FL 32776 US

*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

**Officer/Director Detail :**

Title T  
Name WIGHTMAN, PATRICIA  
Address 22846 STALLION DR  
City-State-Zip: SORRENTO FL 32776

Title D  
Name PETTENGILL, DAVID W  
Address 32316 WOLFS TRAIL  
City-State-Zip: SORRENTO FL 32776

Title PRESIDENT  
Name BELL, DOUG  
Address 22847 STALLION DR  
City-State-Zip: SORRENTO FL 32776

Title DIRECTOR  
Name COOK, CONNIE  
Address 6608 SINISI DRIVE  
City-State-Zip: MOUNT DORA FL 32757

Title SECRETARY  
Name WEEMS, ANGIE  
Address 22811 STALLION DRIVE  
City-State-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: PATRICIA WIGHTMAN**

**REGISTERED AGENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date