

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 10, 2006
Secretary of State

DOCUMENT# N01000003103

Entity Name: WILSON SPRINGS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**321 N MARION AVE
LAKE CITY, FL 32055**New Principal Place of Business:****Current Mailing Address:**321 N MARION AVE
LAKE CITY, FL 32055**New Mailing Address:****FEI Number:** 62-1859990**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WILSON, HUGH A
321 N MARION AVE
LAKE CITY, FL 32055 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: P () Delete
Name: HORNE, CAROL PRES
Address: 138 BEULAH TYRE LANE
City-St-Zip: LAKE CITY, FL 32025

Title: TS () Delete
Name: JOHNSON, MICHELE J
Address: 435 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: OLIVER, CHARLES
Address: 119 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

Title: VP () Delete
Name: MOBLEY, SILVIA
Address: 268 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: MELTON, DAVID
Address: 3971 SW WILSON SPRINGS RD.
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: WILDER, ROBERT
Address: 406 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLENN, KENNETH PRES
Address: 114 SW TURTLE PLACE
City-St-Zip: FT. WHITE, FL 32038

Title: D (X) Change () Addition
Name: JOHNSON, MICHELE J
Address: 435 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

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

Title: T (X) Change () Addition
Name: MOBLEY, SILVIA
Address: 268 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

Title: D (X) Change () Addition
Name: HELMS, DAVID
Address: 149 SW MEMORIAL DR
City-St-Zip: FORT WHITE, FL 32038

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL MOORE

S

05/10/2006

Electronic Signature of Signing Officer or Director

Date