

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003103

FILED
Apr 19, 2009
Secretary of State

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:

P.O. BOX 334
FORT WHITE, FL 32038

New Mailing Address:

FEI Number: 62-1859990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: CRAIG, CHERI
Address: 523 SE 55TH AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: WALKER, RAY
Address: 2128 SW TRUSTENUGGEE AVE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: WOOD, LEON
Address: POST OFFICE BOX 551
City-St-Zip: FORT WHITE, FL 32038

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

Title: S () Delete
Name: MCCLEARY, BARBARA
Address: 148 SW MEMORIAL DR
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: () 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: S (X) Change () Addition
Name: WALKER, DIANE
Address: 528 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 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: SYLVIA MOBLEY

T

04/19/2009

Electronic Signature of Signing Officer or Director

Date