

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007934

Entity Name: WILSON ESTATES UNIT 2 HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

18531 NE 60TH STREET
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:
18531 NE 60TH STREET
WILLISTON, FL 32696

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, TED F
18531 NE 60TH STREET
WILLISTON, FL 32696

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: D Delete
Name: WEST, MICHAEL LUKE
Address: 14751 SE 23RD PLACE
City-St-Zip: MORRISTON, FL 32668

Title: D Delete
Name: GLASS, TED F
Address: 18531 NE 60TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: D Delete
Name: GLASS, CAROL ANN
Address: 18531 NE 60TH STREET
City-St-Zip: WILLISTON, FL 32696

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TED F. GLASS

DIRE

04/14/2004

Electronic Signature of Signing Officer or Director

Date