

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010787

FILED
Jul 07, 2005
Secretary of State

Entity Name: WILSON LAKES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

18607 GERACI RD
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18607 GERACI RD
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-0514164 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145 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: DP () Delete
Name: MEAD, OLIVIA
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

Title: DV () Delete
Name: COFFIE, MIKE
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

Title: DS () Delete
Name: SCHNEIDER, BOB
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

Title: DT () Delete
Name: AUSTIN, SHAWN
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN AUSTIN

PRES

07/07/2005

Electronic Signature of Signing Officer or Director

Date