

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010787

FILED
Apr 15, 2009
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 ()

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: AYERS, CHERYL
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRIESACHER, BOB
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

Title: DV (X) Change () Addition
Name: JOUDREY, RICK
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

Title: DS (X) Change () Addition
Name: AYERS, CHERYL
Address: 18607 GERACI RD
City-St-Zip: LUTZ, FL 33548

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: MICHAEL HUNT

DT

04/15/2009

Electronic Signature of Signing Officer or Director

Date