

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 026 ****61.25

DOCUMENT # N06000003361 1. Entity Name VILLAGES OF WILSON GREEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 1607 Village Sq. BLVD.		3. Mailing Address 1607 Village Sq. BLVD.			
Suite, Apt. #, etc. Suite 8		Suite, Apt. #, etc. Suite 8			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 20-4525686	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 1607 Village Sq. BLVD. Ste 8 City Tallahassee FL Zip Code 32309			
8. 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 3/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B GHAVINI, HOSSEIN <input checked="" type="checkbox"/> Delete 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, BEHZAD <input checked="" type="checkbox"/> Delete 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, MEHRAN <input checked="" type="checkbox"/> Delete 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOUSTON, RASHADA 4174 RIDGE HAVEN RD. TALLAHASSEE, FL 32305					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARSON, ARIC 332 CHASTAIN LN. TALLAHASSEE, FL 32305					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUNDGREN, ERIC 4185 RIDGE HAVEN RD. TALLAHASSEE, FL 32305					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WIGGINS, JULIUS 324 CHASTAIN LN. TALLAHASSEE, FL 32305					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAMS, SHEILA 4153 RIDGE HAVEN RD. TALLAHASSEE, FL 32305					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 4/4/08 850-894-1919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					