

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90019 038 \*\*\*\*61.25

**DOCUMENT # N30757**

1. Entity Name

WILSON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O B. A. FITZGERALD  
310 WILSON PL DR  
SANFORD FL 32771  
US

Mailing Address

C/O B. A. FITZGERALD  
310 WILSON PL DR  
SANFORD FL 32771  
US

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2997828

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, B. A.  
310 WILSON PLACE DRIVE  
SANFORD FL 32771

Name

CRIM, CHARLES

Street Address (P.O. Box Number is Not Acceptable)

311 WILSON PL DR.

City

SANFORD

FL

Zip Code

32771

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

*BA. Fitzgerald*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/05

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MILLER, H. CLIFFORD  
STREET ADDRESS 5211 BREWOOD STREET  
CITY-ST-ZIP SANFORD FL ☒ Delete

TITLE PD PD  
NAME CRIM CHARLES  
STREET ADDRESS 311 WILSON PL DR.  
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☒ Addition

TITLE VD  
NAME MOORE, THOMAS  
STREET ADDRESS 420 WILSON PLACE DR.  
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME FITZGERALD, B. A.  
STREET ADDRESS 310 WILSON PL DR  
CITY-ST-ZIP SANFORD FL ☒ Delete

TITLE SD  
NAME BOBBIE G Mathey  
STREET ADDRESS 5111 LINWOOD CIR  
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE TD  
NAME KEELING, WAYNE R.  
STREET ADDRESS 5300 LINWOOD CIRCLE  
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE TD  
NAME MILLER, H. CLIFFORD  
STREET ADDRESS 420 WILSON PL DR.  
CITY-ST-ZIP SANFORD, FL. ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*BA. Fitzgerald* *BA. Fitzgerald* 5/1/05 407 323 462