


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90002 012 ****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 C/O C.C. CRIM			3. Mailing Address 311 Wilson Place Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SANFORD, FL			City & State SANFORD, FL		
Zip 32771		Country SEMIWOLF		4. FEI Number 59-2997828	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIM, CHARLES 311 WILSON PL DR SANFORD, FL 32771			7. Name and Address of New Registered Agent Name CRIM, CHARLES Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Charles C. Crim</u> Charles C. Crim <u>07/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRIM, CHARLES 311 WILSON PL DR SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE, THOMAS 420 WILSON PLACE DR. SANFORD, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MATHEY, BONNIE G 5111 LINWOOD CIR SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, CLIFFORD H 420 WILSON PL DR SANFORD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILLER, H. CLIFFORD 5211 BREWWOOD ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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: <u>Charles C. Crim</u> Charles C. Crim <u>07/14/06</u> 407-830-3414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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