


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N30757 1. Entity Name WILSON PLACE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O C.C. CRIM SANFORD, FL 32771 US	Mailing Address 311 WILSON PLACE DR SANFORD, FL 32771 US
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03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2997828	Applied For <input type="checkbox"/> Not Applicable
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
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRIM, CHARLES 311 WILSON PL DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHEY, BONNIE G 5111 LINWOOD CIR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, CLIFFORD H 5211 BRENWOOD ST SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/07-80017-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **H. CLIFFORD MILLER** 3/1/07 322-5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #