

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30757

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** WILSON PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O C.C. CRIM  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

311 WILSON PLACE DR  
SANFORD, FL 32771 US

**New Mailing Address:**

C/O C.C. CRIM  
SANFORD, FL 32771 US

**FEI Number:** 59-2997828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRIM, CHARLES  
311 WILSON PL DR  
SANFORD, FL 32771 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: PD ( ) Delete  
Name: CRIM, CHARLES  
Address: 311 WILSON PL DR  
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete  
Name: MATHEY, BONNIE G  
Address: 5111 LINWOOD CIR  
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete  
Name: MILLER, CLIFFORD H  
Address: 5211 BRENWOOD ST  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: H. CLIFFORD MILLER.

TD

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date