FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000348

1. Corporation Name
Wilson Green Homeowner's Assoc. Inc

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 431 Waverly
Suite, Apt. #, etc.
22
City & State
23 Tallahassee FL
Zip 24 32312 Country 25 USA

2a. Mailing Address
26 431 Waverly Rd
Suite, Apt. #, etc.
27
City & State
28 Tallahassee FL
Zip 29 32312- Country 30 USA

3. Date Incorporated or Qualifed
1/22/97

4. FEI Number
59-3238800
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

F

10. Name and Address of New Registered Agent

81 Name Dan Lee Isaacs
82 Street Address (P.O. Box Number is Not Acceptable) 431 Waverly Rd
83
84 City Tallahassee FL 85 Zip Code 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 11/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME Dorothy Wilson		1.2 NAME	
STREET ADDRESS 1002 Gardenia Dr		1.3 STREET ADDRESS	
CITY-ST-ZIP Tall FL 32312		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE D	☐ Change ☐ Addition
NAME Wilson William H Sr.		2.2 NAME Wilson, William H. Sr.	
STREET ADDRESS 1002 Gardenia Dr		2.3 STREET ADDRESS	
CITY-ST-ZIP Tall FL 32312		2.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME Wilson William H. Sr		3.2 NAME	
STREET ADDRESS 1002 Gardenia Dr.		3.3 STREET ADDRESS	500000306087S--1
CITY-ST-ZIP Tall FL 32312		3.4 CITY-ST-ZIP	-12/06/99--01006--003
TITLE	☐ DELETE	4.1 TITLE	*****61.25 *****61.25 ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	SP
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/99 531-0627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)