

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000000348****1. Entity Name**
WILSON GREEN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
431 WAVERLY ROAD	431 WAVERLY ROAD
TALLAHASSEE FL 32312	TALLAHASSEE FL 32312

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3238800	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAACS DAN LEE 431 WAVERLY RD TALLAHASSEE FL 32312 US	Name 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.**SIGNATURE** _____ **04/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="0"><tr><td>TITLE</td><td>D</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>WILSON WILLIAM HJR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1002 GARDENIA DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32312</td><td></td></tr></table>	TITLE	D	☐ Delete	NAME	WILSON WILLIAM HJR		STREET ADDRESS	1002 GARDENIA DR		CITY-ST-ZIP	TALLAHASSEE FL 32312		<table border="0"><tr><td>TITLE</td><td>D</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>MCGEE DAN III</td><td></td></tr><tr><td>STREET ADDRESS</td><td>253 LORANE COURT</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32310</td><td></td></tr></table>	TITLE	D	☒ Change ☐ Addition	NAME	MCGEE DAN III		STREET ADDRESS	253 LORANE COURT		CITY-ST-ZIP	TALLAHASSEE FL 32310	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Dianita Edlow **Pres** **04/22/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate Daytime Phone #

CR2E037 (11/00)