# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 APR 29 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000348

1. Entity Name

WILSON GREEN HOMEOWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 644 CAPITAL CIR NE<br>TALLAHASSEE FL 32301 | PO BOX 13089<br>TALLAHASSEE FL 32317 |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

RHINEHART, ROBERT S
644 CAPITAL CIR NE
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 300074326413 05/10/06--01009--021 **61.25

Signature, and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | DP<br>MCGEE, KATHY<br>253 LORANE COURT<br>TALLAHASSEE FL 32312 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROBERTS, NATHAN<br>225 CARTERWOOD DR<br>TALLAHASSEE FL 32305 | ☒ Delete | Vice President<br>Ron Lawrence<br>205 Wilson Green Blvd<br>Tallahassee, FL 32312 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HILL, ANNETTE<br>203 LORRAINE CT<br>TALLAHASSEE FL 32305 | ☒ Delete | Sec / Treasurer<br>Gary Merone<br>202 Loraine ct<br>Tallahassee FL 32305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROZES, ANNA<br>296 CARTERWOOD DR<br>TALLAHASSEE FL 32312 | ☒ Delete | Director<br>Vicki Remick<br>222 Loraine ct<br>Tallahassee FL 32305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, ELIJAH<br>220 WILSON GREEN BLVD<br>TALLAHASSEE FL 32312 | ☒ Delete | Director<br>Scott Popell<br>275 carterwood Dr<br>Tallahassee, FL 32305 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/25/06 5/10