2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N97000000348

Entity Name: WILSON GREEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3096 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PARKWAY
SUITE D-4 #294
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3238800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARBARK, CHERI L
3096 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 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: P ( ) Delete
Name: MARTIN, SANDRA
Address: 262 CARTERWOOD DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: V ( ) Delete
Name: BARR, JAMES
Address: 211 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32305

Title: T ( ) Delete
Name: HUCKABY, FELICIA
Address: 295 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: SINGLETARY, MATTIE
Address: 291 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: BARR, JAMES
Address: 211 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32305

Title: T (X) Change ( ) Addition
Name: HUCKABY, FELICIA
Address: 295 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change ( ) Addition
Name: SINGLETARY, MATTIE
Address: 291 WILSON GREEN BLVD
City-St-Zip: TALLAHASSEE, FL 32305

Title: D (X) Change ( ) Addition
Name: DULLIVAN, CHARLOTTE
Address: 252 LORAINE CT
City-St-Zip: TALLAHASSEE, FL 32305

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: SANDRA MARTIN P 03/07/2009

Electronic Signature of Signing Officer or Director — Date