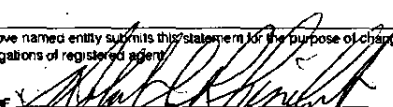
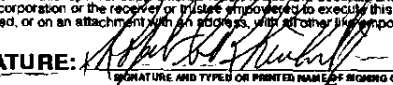


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 005 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90117796

DOCUMENT # N97000000348					
1. Entity Name WILSON GREEN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 431 WAVERLY ROAD TALLAHASSEE, FL 32312			Mailing Address 431 WAVERLY ROAD TALLAHASSEE, FL 32312		
2. Principal Place of Business 644 Capital Circle NE Suite, Apt. #, etc.		3. Mailing Address PO BOX 13089 Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-3238800	
Zip 32301		Zip 32317		Country US	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ISAACS, DAN LEE 431 WAVERLY RD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name: Robert S. Rhinehart Street Address (P.O. Box Number is Not Acceptable): 644 Capital Circle NE City: Tallahassee FL Zip Code: 32301		
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: 			DATE: 4-29-03		
Signature, typed or printed name of registered agent and date if applicable.			(NOTE: Registered Agent's signature required when signing.)		
FILE NOW: FEES \$61.25		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: DP NAME: EDLOW, DIANNA STREET ADDRESS: 204 WILSON GREEN BLVD. CITY-ST-ZIP: TALLAHASSEE, FL 32305 ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: OST NAME: DULLIVAN, CHARLOTTE STREET ADDRESS: 252 LORAIN COURT CITY-ST-ZIP: TALLAHASSEE, FL 32305 ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: DVP NAME: SCHULZE, SHIRLEY STREET ADDRESS: 230 LORAIN COURT CITY-ST-ZIP: TALLAHASSEE, FL 32305 ☐ Delete			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. 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 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: 			Robert S. Rhinehart 4-29-03 878-3134		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		