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	Mailing Address
431 WAVERLY ROAD TALLAHASSEE, FL 32312	431 WAVERLY ROAD TALLAHASSEE, FL 32312

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
644 Capital Circle NE Suite, Apt. #, etc.	PO Box 13089 Suite, Apt. #, etc.
City & State: Tallahassee Fl	City & State: Tallahassee Fl
Zip: 32301 Country:	Zip: 32317 Country: US

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	7. Name and Address of New Registered Agent
ISAACS, DANLEE 431 WAVERLY RD TALLAHASSEE, FL 32312	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: [signature] 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when signature) 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: 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 EDLOW, DIANNA 204 WILSON GREEN BLVD. TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DULLIVAN, CHARLOTTE 252 LORAINE COURT TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHULZE, SHIRLEY 230 LORAINE COURT TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

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: [signature] Robert S. Rhinehart 4-29-03 878-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #