**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 15, 2024**
**Secretary of State**
**0113258982CC**

DOCUMENT# N97000000348

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

**Current Principal Place of Business:**

4509 DESLIN COURT
TALLAHASSEE, FL 32305

**Current Mailing Address:**

P.O. BOX 6554
TALLAHASSEE, FL 32314 US

**FEI Number: 59-3536899**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOUR POINTS COMMUNITY ASSOCIATION MANAGEMENT
4509 DESLIN COURT
TALLAHASSEE, FL 32305 US

*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: JONATHAN PETERSON 02/15/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | HUCKABY, KARIN F |
| Address | P. O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | VP |
| Name | DARLING-REED, SELINA |
| Address | P. O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | TREASURER |
| Name | BARNES, FELISA |
| Address | P.O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | MANAGER |
| Name | PETERSON, JONATHAN |
| Address | P.O. BOX 6636 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | YOUMAN, LISA |
| Address | P. O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JONES, DEIDRA |
| Address | P. O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

| | |
|---|---|
| Title | SECRETARY |
| Name | SINGLETON, VALERIA |
| Address | P.O. BOX 6554 |
| City-State-Zip: | TALLAHASSEE FL 32314 |

*I hereby 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 all other like empowered.*

SIGNATURE: JONATHAN PETERSON MANAGER 02/15/2024

Electronic Signature of Signing Officer/Director Detail — Date