

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21600 (4)**

1. Corporation Name  
**WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P O BOX 884 WOODVILLE FL 32362-7884</b>	Mailing Address <b>P O BOX 884 WOODVILLE FL 32362-0684</b>
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<b>21</b> 2. Principal Place of Business	<b>2a</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	City & State
<b>24</b> Zip	Country

<b>3</b> 3. Date Incorporated or Qualified <b>07/16/1987</b>	<b>3a</b> 3a. Date of Last Report <b>03/26/1996</b>
<b>4</b> 4. FEI Number <b>59-2860836</b>	Applied For Not Applicable
<b>5</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**PENSON, ALBERT C  
701 E TENNESSEE ST  
TALLAHASSEE FL 32308**

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

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ESTES, JERRY</b>	
STREET ADDRESS	<b>8159 CHRISTINA ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMATH, BRIAN</b>	
STREET ADDRESS	<b>8141 MERIDALE DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DIEHM, NEDRA L</b>	
STREET ADDRESS	<b>4024 SAMANTHA CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHIS, GREG</b>	
STREET ADDRESS	<b>4007 SAMATHA CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLOTZ, TAMMY</b>	
STREET ADDRESS	<b>8090 CHRISTINA ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WIECZOREK, ROBERT</b>	
STREET ADDRESS	<b>4024 SAMANTHA CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nedra L. Diehm* NEDRA L. DIEHM 1/16/97 (904) 487-0254

CR2E037 (9/96)