

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P O BOX 884 WOODVILLE FL 32362-7884	Mailing Address P O BOX 884 WOODVILLE FL 32362-7884
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3. Date Incorporated or Qualified <b>07/16/1987</b>		
4. FEI Number <b>59-2860836</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" 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 checked="" 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, NEORA L</b>	
STREET ADDRESS	<b>4024 SAMANTHA CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input checked="" 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 checked="" 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 checked="" 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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P MCMATH, BRIAN</b>
1.3 STREET ADDRESS	<b>8141 MERIDALE DRIVE</b>
1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V WEHLER, PAM</b>
2.3 STREET ADDRESS	<b>7830 MERIDALE DRIVE</b>
2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D JACKSON, DEANNE</b>
4.3 STREET ADDRESS	<b>8081 CHRISTINA RD</b>
4.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D BONNER, ROBERT</b>
5.3 STREET ADDRESS	<b>8011 MERIDALE DRIVE</b>
5.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D MCMATH, BELINDA</b>
6.3 STREET ADDRESS	<b>8141 MERIDALE DRIVE</b>
6.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>

14. 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 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: *Neora L. Diehm* **NEORA L. DIEHM** 3/2/98 (850) 487-0285

CR2E037 (10/97)