

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 07/16/1987	
4. FEI Number 59-2860836	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Country	28. Zip Country
24. Zip	25. Country
29. Zip	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, JERRY	1.2 NAME	MCMATH, BRIAN
STREET ADDRESS	8159 CHRISTINA ROAD	1.3 STREET ADDRESS	8141 MERIDALE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMATH, BRIAN	2.2 NAME	WEHLER, PAM
STREET ADDRESS	8141 MERIDALE DRIVE	2.3 STREET ADDRESS	7830 MERIDALE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHM, NEORA L	3.2 NAME	
STREET ADDRESS	4024 SAMANTHA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, GREG	4.2 NAME	JACKSON, DEANNE
STREET ADDRESS	4007 SAMATHA CT.	4.3 STREET ADDRESS	8081 CHRISTINA RD
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOTZ, TAMMY	5.2 NAME	BONNER, ROBERT
STREET ADDRESS	8090 CHRISTINA ROAD	5.3 STREET ADDRESS	8011 MERIDALE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32311	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECZOREK, ROBERT	6.2 NAME	MCMATH, BELINDA
STREET ADDRESS	4024 SAMANTHA CT.	6.3 STREET ADDRESS	8141 MERIDALE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311

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

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: *Nedra L. Diehm* **NEDRA L. DIEHM** 3/2/98 (850) 487-0285

CR2E037 (10/97)