

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 029 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21600**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2860836 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PENSON, ALBERT C 701 E TENNESSEE ST TALLAHASSEE FL 32308				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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHLER, PAM	1.2 NAME	
STREET ADDRESS	7830 MERIDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMATH, BRIAN	2.2 NAME	
STREET ADDRESS	8141 MERIDALE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHM, NEDRA L	3.2 NAME	T Thadine M. Bonner
STREET ADDRESS	4024 SAMANTHA CT.	3.3 STREET ADDRESS	8011 Meridale Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	Tallahassee, Fl. 32311
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DEEANNE	4.2 NAME	S Dee Anne Jackson
STREET ADDRESS	8031 CHRISTINA RD	4.3 STREET ADDRESS	8031 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, ROBERT	5.2 NAME	D Tammy Klotz
STREET ADDRESS	8011 MERIDALE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMATH, BELINDA	6.2 NAME	Jeff D Jeff Strouth
STREET ADDRESS	8141 MERIDALE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Thadine M. Bonner 2/2/99 421-5797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)