

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90133 003 ****61.25

DOCUMENT # N21600
 1. Entity Name
WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P O BOX 884 P O BOX 884
 WOODVILLE FL 32362-7884 WOODVILLE FL 32362-0884

00000300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2860836** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENSON, ALBERT C
701 E TENNESSEE ST
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	WEHLER, PAM	
STREET ADDRESS	7830 MERIDALE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCMATH, BRIAN	
STREET ADDRESS	8141 MERIDALE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	BONNER, THADINE M	
STREET ADDRESS	8011 MERIDALE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, DEEANNE	
STREET ADDRESS	8031 CHRISTINA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLOTZ, TAMMY	
STREET ADDRESS	8011 MERIDALE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUTH, JEFF	
STREET ADDRESS	8141 MERIDALE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thadine M. Bonner* **THADINE M. BONNER** 1-11-00 850-421-5797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)