2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21600

Entity Name: WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 23, 2014
Secretary of State
CC0402707753

Current Principal Place of Business:

8164 MERIDALE DR. TALLAHASSEE, FL 32305

Current Mailing Address:

POST OFFICE BOX 884 WOODVILLE, FL 32362

FEI Number: 59-2860836 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAILEY, STEVE 8164 MERIDALE DR. TALLAHASSEE, FL 32305 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title	V
---------------	---

Name BAILEY, STEVE Name LONKANI, KRIS

Address POST OFFICE BOX 884 Address POST OFFICE BOX 884

City-State-Zip: WOODVILLE FL 32362 City-State-Zip: WOODVILLE FL 32362

Title TREASURER Title S

Name CHALICE, VIVIAN Name WYLLIE, GWEN

Address POST OFFICE BOX 884 Address POST OFFICE BOX 884

City-State-Zip: WOODVILLE FL 32362 City-State-Zip: WOODVILLE FL 32362

Title D Title D

NameBALDWIN, MICHAELNamePORTER, MILLARDAddressPOST OFFICE BOX 884AddressPOST OFFICE BOX 884City-State-Zip:WOODVILLE FL 32362City-State-Zip:WOODVILLE FL 32362

TitleTREASURERTitleDIRECTORNameANDREWS, LORINameTHOMAS, JOE

Address POST OFFICE BOX 884 Address POST OFFICE BOX 884

City-State-Zip: WOODVILLE FL 32362 City-State-Zip: WOODVILLE FL 32362

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRIS LONKANI VICE PRESIDENT 04/23/2014