

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21600

**Entity Name:** WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7713 MERIDALE DR.  
TALLAHASSEE, 32305

**FILED**  
**Mar 13, 2022**  
**Secretary of State**  
**9124176083CC**

**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:**

BUCKLEY, MICHAEL  
7713 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: MICHAEL BUCKLEY**

**03/13/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUCKLEY, MICHAEL  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            S  
Name            STRICKLIN, JUDITH  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            D  
Name            BALDWIN, MICHAEL  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            D  
Name            PORTER, MILLARD  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            TREASURER  
Name            ANDREWS, LORI  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            VP  
Name            JOHNSON, KRIS  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            D  
Name            KELLEY, QUENTIN  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title            D  
Name            DOTTER, BEVERLY  
Address        POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

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*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: JUDITH STRICKLIN**

**SECRETARY**

**03/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            D  
Name            CICCARELLI, BRENDA  
Address        PO BOX 884  
City-State-Zip: WOODVILLE FL 32362