

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21600

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

**Current Principal Place of Business:**

8112 MERIDALE DR.  
TALLAHASSEE, 32305

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC7666187701**

**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:**

LONKANI, KRISHNA  
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:** KRISHNA LONKANI

04/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LONKANI, KRISHNA  
Address POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title V  
Name THOMAS, JOE  
Address POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

Title S  
Name GUIDRY, NANCY  
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 DIRECTOR  
Name BAILY, STEVE  
Address POST OFFICE BOX 884  
City-State-Zip: WOODVILLE FL 32362

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

**Continues on page 2**

*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:** KRISHNA LONKANI

**PRESIDENT**

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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