

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21600

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

**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  
Name BAILEY, STEVE  
Address 8164 MERIDALE DR.  
City-State-Zip: TALLAHASSEE FL 32305

Title V  
Name LONKANI, KRIS  
Address 8112 MERIDALE DR  
City-State-Zip: TALLAHASSEE FL 32305

Title T  
Name CAUDILL, KERRI  
Address 7760 MERIDALE DR  
City-State-Zip: TALLAHASSEE FL 32305

Title S  
Name WYLLIE, GWEN  
Address MERIDALE DR  
City-State-Zip: TALLAHASSEE FL 32305

Title D  
Name BALDWIN, MICHAEL  
Address 3333 RHODES CEMETERY RD  
City-State-Zip: TALLAHASSEE FL 32305

Title D  
Name PORTER, MILLARD  
Address 8021 MELITA CT  
City-State-Zip: TALLAHASSEE FL 32305

*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**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date