

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21600

Entity Name: WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 20, 2015
Secretary of State
CC9960534625

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 POST OFFICE BOX 884
City-State-Zip: WOODVILLE FL 32362

Title V
Name LONKANI, KRIS
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 THOMAS, JOE
Address POST OFFICE BOX 884
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: KRISHNA LONKANI

VP

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date