

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752384

FILED
Jan 16, 2009
Secretary of State

Entity Name: WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3450 WILKINSON WOODS DR
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3450 WILKINSON WOODS DR
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2084763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
630 SOUTH ORANGE AVENUE
SUITE 300
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY
SUITE 204
SARASOTA, FL 34240 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, ROBERT
Address: 3444 WILKINSON WDS DR
City-St-Zip: SARASOTA, FL 34231

Title: S () Delete
Name: WARREN, BRYAN L
Address: 6123 WILSHIRE CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: BREKHUS, JANE
Address: 3416 WILKINSON WOODS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: HUTSON, LORRAINE
Address: 3447 WILKINSON WOODS DR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: YOCHUM, DOUGLAS
Address: 3510 WILKINSON WDS DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LADWIG, PATRICIA A
Address: 3432 WILKINSON WOODS DR
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YOCHUM, DOUGLAS
Address: 3510 WILKINSON WOODS DR
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A. LADWIG

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date