


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N21600</b> 1. Entity Name <b>WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P O BOX 884 WOODVILLE, FL 32362-7884</b>				Mailing Address <b>P O BOX 884 WOODVILLE, FL 32362-7884</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PACE, TERRY L 8036 CHRISTINA RD. TALLAHASSEE, FL 32305</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PACE, TERRY L P O BOX 1037 WOODVILLE, FL 32362</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BODIFORD, DENNIS 7842 MERIDALE DRIVE TALLAHASSEE, FL 32305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>500054204145</b>  <b>05/10/05--01039--022 **\$61.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WIECZOREK, NEDRA 4024 SAMANTHA COURT TALLAHASSEE, FL 32305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RUNDLES, CINDY 8124 CHRISTINA ROAD TALLAHASSEE, FL 32305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDWARDS, BILL P O BOX 1153 WOODVILLE, FL 32362</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <div style="text-align: center;"> <b>Michael Baldwin</b>  <b>3333 Rhodes Cemetery Rd Tall. FL 32305</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DA COSTA, SALLY 8011 MERIDALE DRIVE TALLAHASSEE, FL 32305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Terry L Pace</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>APR 27 2005</b> Time Phone #					

FILED

05 APR 27 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2860836**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

FL

Zip Code

**500054204145**  
**05/10/05--01039--022 \*\*\$61.25**

*Michael Baldwin*  
*3333 Rhodes Cemetery Rd Tall. FL 32305*

T. Roberts