

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21600

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7842 MERIDALE DR.  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 884  
WOODVILLE, FL 32362

**New Mailing Address:**

**FEI Number:** 59-2860836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BODIFORD, JOHN D  
7842 MERIDALE DR.  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BODIFORD, JOHN D  
Address: 7842 MERIDALE DR.  
City-St-Zip: TALLAHASSEE, FL 32305

Title: DV ( ) Delete  
Name: PORTER, MILLARD  
Address: 8021 MELITA COURT  
City-St-Zip: TALLAHASSEE, FL 32305

Title: DT ( ) Delete  
Name: PACE, TERRY  
Address: 8036 CHRISTINA ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S ( ) Delete  
Name: DOTTER, BEVERLY  
Address: 8112 MERIDALE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete  
Name: BALDWIN, MICHAEL  
Address: 3333 RHODES CEMETERY RD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete  
Name: BAILEY, STEVE  
Address: 8164 MERIDALE DR.  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: JOHN DENNIS BODIFORD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date