

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21600

FILED
Apr 23, 2012
Secretary of State

Entity Name: WILKINSON WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8164 MERIDALE DR.
TALLAHASSEE, FL 32305

New Principal Place of Business:

8164 MERIDALE DR.
TALLAHASSEE, FL 32305 UN

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:

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

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

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

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

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

Title: D
Name: PORTER, MILLARD
Address: 8021 MELITA CT
City-St-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

VP

04/23/2012

Electronic Signature of Signing Officer or Director

Date