

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90093 016 \*\*\*\*61.25

**DOCUMENT # N23467**

1. Entity Name

**WALLWOOD HEIGHTS EXTENSION HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O BALOGH, ANDREW  
 2023 WOODBINE DR.  
 TALLAHASSEE FL 32308  
 US

C/O BALOGH, ANDREW  
 2023 WOODBINE DR.  
 TALLAHASSEE FL 32308  
 US

**BU111467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O TAFF, ANGUS B. (III)**

Suite, Apt. #, etc.

**2055 WOODBINE DR.**

City & State

**TALLAHASSEE, FL**

Zip

**32309**

Country

**US**

3. Mailing Address

**C/O TAFF, ANGUS B. (III)**

Suite, Apt. #, etc.

**2055 WOODBINE DR.**

City & State

**TALLAHASSEE, FL**

Zip

**32309**

Country

**US**

4. FEI Number

**59-2875567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THORSON, NANCY P.**  
**2071 WOODBINE DR.**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **VICKIE J. HARRIS**

Street Address (P.O. Box Number is Not Acceptable)

**2087 WOODBINE DR.**

City

**TALLAHASSEE**

FL

Zip Code

**32309**

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.

SIGNATURE *Vickie J. Harris*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/22/02**  
 DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete

NAME **BALOGH, ANDREW**  
 STREET ADDRESS **2023 WOODBINE DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☒ Delete

NAME **BURKS, RONALD**  
 STREET ADDRESS **3701 CASSANDRA DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ Delete

NAME **YORK, KATHY**  
 STREET ADDRESS **3706 CASSANDRA DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☒ Delete

NAME **THORSON, NANCY**  
 STREET ADDRESS **2071 WOODBINE DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition

NAME **TAFF, ANGUS B. (III)**  
 STREET ADDRESS **2055 WOODBINE DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **VD** ☐ Change ☒ Addition

NAME **MARY K. MEEKS**  
 STREET ADDRESS **2046 WOODBINE DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition

NAME **VICKIE J. HARRIS**  
 STREET ADDRESS **2087 WOODBINE DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE: *Angus B. Taff, III*  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02** (850) 488-9366  
 Date Daytime Phone #

CR2E037 (9/01)