

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-15-2004 90001 017 \*\*\*\*61.25

<b>DOCUMENT # N23467</b>					
<b>1. Entity Name</b> WALLWOOD HEIGHTS EXTENSION HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ANGUS B TAFF, III 2023 WOODBINE DR TALLAHASSEE, FL 32309 US			<b>Mailing Address</b> C/O PATRICK DORSCH 2023 WOODBINE DR TALLAHASSEE, FL 32309 US		
<b>2. Principal Place of Business</b> 2023 WOODBINE DR.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TALLAHASSEE, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2875567	
<b>Zip</b> 32309		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HARRIS, VICKIE J 2087 WOODBINE DR. TALLAHASSEE, FL 32309				<b>7. Name and Address of New Registered Agent</b>	
Name:				Street Address (P.O. Box Number is Not Acceptable)	
City				State: <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE:				DATE: 9/6/04	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> TAFF, III, ANGUS B	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2023 WOODBINE DR	<b>NAME</b> PATRICK L. DORSCH				
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309	<b>STREET ADDRESS</b> 2023 WOODBINE DR				
<b>TITLE</b> VD			<b>TITLE</b> VICE PRESIDENT		
<b>NAME</b> MEEKS, MARY K	<b>NAME</b> GARY M STANFORD				
<b>STREET ADDRESS</b> 3707 CASSANDRA	<b>STREET ADDRESS</b> 3707 CASSANDRA DRIVE				
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309				
<b>TITLE</b> S	<b>TITLE</b> 				
<b>NAME</b> HARRIS, VICKIE	<b>NAME</b> 				
<b>STREET ADDRESS</b> 2087 WOODBINE DR	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> T	<b>TITLE</b> 				
<b>NAME</b> THORSON, NANCY	<b>NAME</b> 				
<b>STREET ADDRESS</b> 2071 WOODBINE DR	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32309	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>TITLE</b> 				
<b>NAME</b> 	<b>NAME</b> 				
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 				
<b>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>					
<b>SIGNATURE:</b>				DATE: 9/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 850-422-1776	

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05142004 Chg-NP CR2E037 (10/03)

\$8.75 Additional Fee Required