2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23467

FILED Aug 04, 2009 Secretary of State

Entity Name: WALLWOOD HEIGHTS EXTENSION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2223 WOODBINE 2255 WOODBINE DR

TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

Current Mailing Address: New Mailing Address:

2223 WOODBINE 2255 WOODBINE DR

TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

FEI Number: 59-2875567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HARRIS, VICKIE J SAULS, TERRYLL 2087 WOODBINE DR. 2255 WOODBINE DR.

TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

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: TERRYLL SAULS 08/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S () Delete Title: P (X) Change () Addition

 Name:
 HARRIS, VICKIE
 Name:
 YOZVIAK, SAM

 Address:
 2087 WOODBINE DR
 Address:
 3701 CASSANDRA DR

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: T () Delete Title: T (X) Change () Addition Name: THORSON, NANCY Name: SAULS, TERRYLL

 Name:
 THORSON, NANCY
 Name:
 SAULS, TERRYLL

 Address:
 2071 WOODBINE DR
 Address:
 2255 WOODBINE DR

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: P (X) Delete Title: () Change () Addition

 Name:
 DORSCH, PÄTRICK L
 Name:

 Address:
 2223 WOODBINE DRIVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 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: TERRYLL SAULS TREA 08/04/2009

Electronic Signature of Signing Officer or Director

Date