

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90312 031 ****61.25

DOCUMENT # N23467

1. Entity Name

WALLWOOD HEIGHTS EXTENSION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O ANGUS B TAFF, III
2055 WOODBINE DR.
TALLAHASSEE FL 32309
US

Mailing Address

C/O ANGUS B TAFF, III
2055 WOODBINE DR.
TALLAHASSEE FL 32309
US

2. Principal Place of Business

C/O Patrick Dorsch
2023 Woodbine DR.
Tall., FL

3. Mailing Address

C/O Patrick Dorsch
2023 Woodbine DR.
Tall., FL



☒ CHECK HERE IF MAKING CHANGES

City & State

Tall., FL

City & State

Tall., FL

4. FEI Number **59-2875567**

Applied For

Not Applicable

Zip

32309

Country

Leon

Zip

32309

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, VICKIE J
2087 WOODBINE DR.
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE: Vickie J. HARRIS

Signature, typed or printed name of registered agent and title if applicable.

Vickie Harris

(NOTE: Registered Agent signature required when reinstating)

4-23-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TAFF, III, ANGUS B**
STREET ADDRESS **2055 WOODBINE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **VD** ☐ Delete
NAME **MECKS, MARY K**
STREET ADDRESS **2046 WOODBINE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

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

TITLE **TD** ☐ Delete
NAME **HARRIS, VICKIE J**
STREET ADDRESS **2087 WOODBINE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

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 **President** ☒ Change ☐ Addition
NAME **Patrick Dorsch**
STREET ADDRESS **2023 Woodbine Dr.**
CITY-ST-ZIP **Tall., FL 32309**

TITLE **VP** ☒ Change ☐ Addition
NAME **Gary Stafford**
STREET ADDRESS **3707 Cassandra**
CITY-ST-ZIP **Tall., FL 32309**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Vickie J. HARRIS**
STREET ADDRESS **2087 Woodbine Dr**
CITY-ST-ZIP **Tall., FL 32309**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Nancy Thorson**
STREET ADDRESS **2071 Woodbine Dr.**
CITY-ST-ZIP **Tall., 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:

SIGNATURE REQUIRED

4/21/03

850-422-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E037 (10/02)