


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

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-04-2005 90096 028 ****61.25

DOCUMENT # 1. Entity Name <i>WILKWOOD HOMEOWNERS ASSOCIATION, INC</i> <i>N98000003000</i>	
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2. Principal Place of Business <i>4010 NATHAN CT</i> Suite, Apt. #, etc.	3. Mailing Address <i>4010 NATHAN CT</i> Suite, Apt. #, etc.
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City & State <i>W. Melbourne FL</i>	City & State <i>W. Melbourne FL</i>
Zip <i>32904</i>	Country <i>BEHAVIOR</i>

4. FEI Number <i>59-3531312</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <i>FRANK TARAVELLA</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4010 NATHAN CT</i>	
City <i>Melbourne</i>	Zip Code <i>FL 32904</i>

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 *Frank Taravella* *04/02/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FEE IS \$61.25
Initial or Amended UBR

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 <i>P.D.</i>	NAME <i>FRANK TARAVELLA</i>	STREET ADDRESS <i>4010 NATHAN CT</i>	CITY-ST-ZIP <i>W. MELBOURNE FL 32904</i>
TITLE <i>V.P.</i>	NAME <i>JERRY EGGERT</i>	STREET ADDRESS <i>4011 NATHAN CT</i>	CITY-ST-ZIP <i>W. MELBOURNE FL 32904</i>
TITLE <i>T.D.</i>	NAME <i>NEILSON EGGERT</i>	STREET ADDRESS <i>4020 NATHAN CT</i>	CITY-ST-ZIP <i>W. MELBOURNE FL 32904</i>
TITLE <i>S.</i>	NAME <i>CAROL TARAVELLA</i>	STREET ADDRESS <i>4010 NATHAN CT</i>	CITY-ST-ZIP <i>WEST MELBOURNE FL 32904</i>
TITLE <i>D.</i>	NAME <i>JOE COLONNA</i>	STREET ADDRESS <i>4000 NATHAN CT</i>	CITY-ST-ZIP <i>W. MELBOURNE FL 32904</i>
TITLE <i></i>	NAME <i></i>	STREET ADDRESS <i></i>	CITY-ST-ZIP <i></i>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Neilson Eggert* *3/1/05* *321-961-9610*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)