


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 016 ****61.25

DOCUMENT # N05000001011

1. Entity Name
WOODBRIAR HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business
**2811-E INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301**

Mailing Address
**2811-E INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301**

2. Principal Place of Business
**7113 Beech Ridge Trail
 Suite, Apt. #, etc. Suite 1**

3. Mailing Address
**7113 Beech Ridge Trail
 Suite, Apt. #, etc. Suite 1**

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32312

Country
USA

Zip
32312

Country
USA



02092006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
 3520 THOMASVILLE ROAD FOURTH FLOOR
 TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name
EDDY, MARIE

Street Address (P.O. Box Number is Not Acceptable)
7113 Beech Ridge Trail, Suite 1

City
TALLAHASSEE

FL Zip Code
32312

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 *Marie Eddy* DATE **2/9/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, HOSSEIN 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, BEHZAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, MEHRAN 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marie Eddy Manager* DATE: **2/9/06** DAYTIME PHONE #: **850-894-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #