
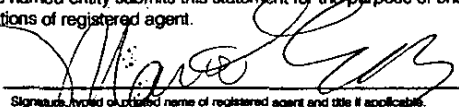



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 025 \*\*\*\*61.25

DOCUMENT # N05000001011			
1. Entity Name WOODBRIAR HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.			
Principal Place of Business 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312		Mailing Address 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 1607 VILLAGE SQ. BLVD Suite, Apt. #, etc. Ste 8		3. Mailing Address 1607 VILLAGE SQ. BLVD Suite, Apt. #, etc. Ste 8	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309	Country USA	Zip 32309	Country USA
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRL, STE 1 TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 1607 VILLAGE SQ. BLVD, Ste 8 City: TALLAHASSEE FL Zip Code: 32309	
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: 		DATE: 2/21/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: GHAZVINI, HOSSEIN STREET ADDRESS: 2811-E INDUSTRIAL PLAZA DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: HILL, MONICA STREET ADDRESS: 3080 WOODBRIAR LN CITY-ST-ZIP: TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GHAZVINI, BEHZAD STREET ADDRESS: 2811-E INDUSTRIAL PLAZA DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MARRERO, RAFAEL STREET ADDRESS: 3382 WOODBRIAR LN CITY-ST-ZIP: TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GHAZVINI, MEHRAN STREET ADDRESS: 2811-E INDUSTRIAL PLAZA DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE: D NAME: CASTLEBERRY, JOHN STREET ADDRESS: 3312 WOODBRIAR LN. CITY-ST-ZIP: TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		DATE: 2/21/08 850-894-1919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	