#### I hereby 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 all other like empowered. 04/17/2017 SIGNATURE: JOANIE TROTMAN CAM

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0500001011

Entity Name: WOODBRIAR HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

**Current Principal Place of Business:** 

2121 KILLARNEY WAY TALLAHASSEE, FL 32309

# **Current Mailing Address:**

POST OFFICE BOX 11143 TALLAHASSEE, FL 32302 US

## FEI Number: 20-3604517

## Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT 2121 KILLARNEY WAY 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	: JOANIE TROTMAN		04/17/2017
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PD	Title	VPD
Name	DARABI, RICHARD	Name	SHENIQUE, BRIDGES
Address	POST OFFICE BOX 11143	Address	POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302
Title	SD	Title	MANAGING AGENT
Name	TOUSSAINT, JOHN	Name	FLORIDA ASSOCIATION & PROPERTY
Address	POST OFFICE BOX 11143	Address	MANAGEMENT, INC. POST OFFICE BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302

Date

### FILED Apr 17, 2017 Secretary of State CC4612692972

Certificate of Status Desired: No