## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001011

FILED Apr 28, 2009 Secretary of State

Entity Name: WOODBRIAR HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business: New Principal Place of Business:

1607 VILLAGE SQ BLVD 4708 CAPITAL CIRCLE NW SUITE 8 TALLAHASSEE, FL 32303

TALLAHASSEE, FL 32309

TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

1607 VILLAGE SQ BLVD 4708 CAPITAL CIRCLE NW SUITE 8 TALLAHASSEE, FL 32303

FEI Number: 20-3604517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDDY, MARIE

1607 VILLAGE SQ BLVD SUITE 8

TALLAHASSEE, FL 32309 US

TALLAHASSEE, FL 32303 US

TALLAHASSEE, FL 32303 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: THOMAS B ASBURY 04/28/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32303

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32303

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 HILL, MONICE
 Name:
 HILL, MONICA DIRECTO

 Address:
 3280 WOODBRIAR LN
 Address:
 3280 WOODBRIAR LN

Address: 3280 WOODBRIAR LN
City-St-Zip: TALLAHASSEE, FL 32303
Address: 3280 WOODBRIAR LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: Title: (X) Change ( ) Addition ( ) Delete MARRERO, RAFAEL Name: SHENIQUE, BRIDGES DIRECTO Name: Address: 3382 WOODBRIAR LANE Address: 3310 SAWTOOTH DRIVE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete Title: D (X) Change () Addition Name: CASTLEBERRY, JOHN Name: CASTLEBERRY, JOHN DIRECTO Address: 3312 WOODBRIAR LANE Address: 3312 WOODBRIAR LANE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MONICA HILL DIRE 04/28/2009