


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 013 ****61.25

DOCUMENT # N97000005022	
1. Entity Name ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 5001 COMMERCE PK. CIR PENSACOLA, FL 32505	Mailing Address 5001 COMMERCE PK. CIR PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



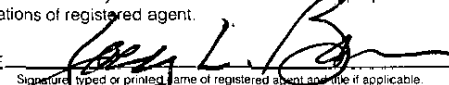
01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3503910	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARNES, JOEY L 5001 COMMERCE PK. CIR PENSACOLA, FL 32505

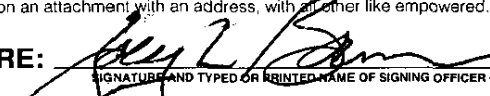
DO NOT WRITE IN THIS SPACE

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  JOEY L BARNES	DATE 1/19/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JOANNE 5001 COMMERCE PARKWAY CIRCLE PENSACOLA FL 32505 <i>Jon Gagne 1052 Ashley Rd Milton FL 32583</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES K 5001 COMMERCE PARK CIRCLE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, TOM 1043 Adrian Way PENSACOLA, FL 32534 <i>Leonard Abshire 1043 Adrian Way Milton, FL 32583</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, JOEY L 5001 COMMERCE PK. CIR PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGOLAH, JAMES R 8917 DAVIS HWY., APT #128 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with another like empowered.	
SIGNATURE:  JOEY L. BARNES	Date 1/19/04 850 969 9206