2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005022

1. *Entity Name*
ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 732	P O BOX 732
MILTON, FL 32572 US	MILTON, FL 32572 US

DO NOT WRITE IN THIS SPACE

01032006 No Chg-NP   CR2E037 (11/05)

4. FEI Number		Applied For
59-3503910		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, JOEY L
5001 COMMERCE PK. CIR
PENSACOLA, FL 32505

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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 _____

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNES, JOEY L
STREET ADDRESS	5001 COMMERCE PARK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32505

TITLE	D
NAME	FIGOLAH, JAMES R
STREET ADDRESS	8917 DAVIS HWY., APT. #128
CITY-ST-ZIP	PENSACOLA, FL 32514

TITLE	D
NAME	ABSHIRE, LEONARD J JR.
STREET ADDRESS	1043 ADRIAN WAY
CITY-ST-ZIP	MILTON, FL 32583

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80004-009 61.25

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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.

Joe L. Barnes 1/9/06   850 9ea9285

SIGNATURE: _____

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