2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005022

FILED Feb 08, 2007 Secretary of State

Entity Name: ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.

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

P O BOX 732 5704 FARREL WAY MILTON, FL 32572 US MILTON, FL 32583 US

Current Mailing Address: New Mailing Address:

P O BOX 732

MILTON, FL 32572 US

FEI Number: 59-3503910 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:

BARNES, JOEY L

5001 COMMERCE PK. CIR

PERROTTA, AMELIA M

5704 FARREL WAY

PENSACOLA, FL 32505 US

MILTON, FL 32583 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: AMELIA M. PERROTTA 02/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BARNES, JOEY L Name: PERROTTA, AMELIA M
Address: 5001 COMMERCE PARK CIRCLE Address: 5704 FARREL WAY

Address: 5001 COMMERCE PARK CIRCLE Address: 5704 FARREL WAY
City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: MILTON, FL 32583 US

Title: D () Delete Title: D (X) Change () Addition Name: FIGOLAH, JAMES R FIGOLAH, JAMES R

Address: 8917 DAVIS HWY., APT. #128 Address: 1026 RIN COURT
City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: MILTON, FL 32583 US

Title: D () Delete Title: D (X) Change () Addition
Name: ABSHIRE, LEONARD J JR. Name: ABSHIRE, LEONARD J JR.

 Address:
 1043 ADRIAN WAY
 Address:
 1043 ADRIAN WAY

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 MILTON, FL 32583 US

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

 Name:
 Name:
 WHITFIELD, CHRISTINE

 Address:
 Address:
 1000 ASHLEY RD

 City-St-Zip:
 City-St-Zip:
 MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AMELIA M. PERROTTA D 02/08/2007