

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 08, 2008**  
**Secretary of State**

DOCUMENT# N97000005022

**Entity Name:** ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1012 ASHLEY RD  
MILTON, FL 32583 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 732  
MILTON, FL 32572 US**New Mailing Address:****FEI Number:** 59-3503910**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCMASTER, ROBERT  
1012 ASHLEY RD  
MILTON, FL 32583 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MCMASTER, ROBERT  
**Address:** 1012 ASHLEY RD  
**City-St-Zip:** MILTON, FL 32583 US**Title:** DVP ( ) Delete  
**Name:** BURT, DENNIS E  
**Address:** 1136 ADRIAN WAY  
**City-St-Zip:** MILTON, FL 32583 US**Title:** D ( ) Delete  
**Name:** ABSHIRE, LEONARD J JR.  
**Address:** 1043 ADRIAN WAY  
**City-St-Zip:** MILTON, FL 32583 US**Title:** D ( ) Delete  
**Name:** WHITFIELD, CHRISTINE  
**Address:** 1000 ASHLEY RD  
**City-St-Zip:** MILTON, FL 32583 US**Title:** DS ( ) Delete  
**Name:** HAMILTON, DONALD  
**Address:** 1023ASHLEY RD  
**City-St-Zip:** MILTON, FL 32583**Title:** DT (X) Delete  
**Name:** DEANGELO, DENISE  
**Address:** 1001 ASHLEY RD  
**City-St-Zip:** MILTON, FL 32583**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** MCMASTER, ROBERT A  
**Address:** 1012 ASHLEY RD  
**City-St-Zip:** MILTON, FL 32583 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DS (X) Change ( ) Addition  
**Name:** HAMILTON, DONALD  
**Address:** 1023 ASHLEY ROAD  
**City-St-Zip:** MILTON, FL 32583 US**Title:** DT (X) Change ( ) Addition  
**Name:** RIVERA, SARAH  
**Address:** 1052 ADEN COURT  
**City-St-Zip:** MILTON, FL 32583 US**Title:** D (X) Change ( ) Addition  
**Name:** ABSHIRE, LEONARD J JR.  
**Address:** 1043 ADRIAN WAY  
**City-St-Zip:** MILTON, FL 32583**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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.

SIGNATURE: ROBERT A. MCMASTER

PRES

04/08/2008

Electronic Signature of Signing Officer or Director

Date