2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005022

FILED Feb 10, 2009 Secretary of State

Entity Name: ADRIAN WOODS HOMEOWNERS' ASSOCIATION, INC.

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

 1012 ASHLEY RD
 1052 ADEN COURT

 MILTON, FL 32583
 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:

MCMASTER, ROBERT

1012 ASHLEY RD

MILTON, FL 32583 US

BELLE, SARAH R

1052 ADEN COURT

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: SARAH R. BELLE 02/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: MCMASTER, ROBERT A Name: BELLE, SARAH R

Address: 1012 ASHLEY RD Address: 1052 ADEN COURT
City-St-Zip: MILTON, FL 32583 US City-St-Zip: MILTON, FL 32583 US

 Address:
 1136 ADRIAN WAY
 Address:
 1043 ADRIAN WAY

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

Title: DS () Delete Title: () Change () Addition

 Name:
 HAMILTON, DONALD
 Name:

 Address:
 1023 ASHLEY ROAD
 Address:

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

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

 Name:
 RIVERA, SARAH
 Name:
 MCMASTER, ROBERT

 Address:
 1052 ADEN COURT
 Address:
 1012 ASHLEY ROAD

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

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

 Name:
 ABSHIRE, LEONARD J JR.
 Name:
 MCGUFFIN, JESSIE

 Address:
 1043 ADRIAN WAY
 Address:
 5760 FARREL WAY

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

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

 Name:
 Name:
 LEE, JAMES D

 Address:
 Address:
 1129 ADRIAN WAY

 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 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: SARAH R. BELLE PRES 02/10/2009

Electronic Signature of Signing Officer or Director

Date