

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706563

FILED
Jan 14, 2009
Secretary of State

Entity Name: GREENBRIAR CLUB INC

Current Principal Place of Business:

2013 GREENBRIAR BLVD.
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2013 GREENBRIAR BLVD.
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 59-6169592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT L PA
1022 MAIN STREET
DUNEDIN, FL 34698 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: P () Delete
Name: KAUFHOLZ, TORI PRES.
Address: 2351 SURREY LANE
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Delete
Name: HYLTON, ALISA N VP
Address: 2517 WYNNEWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: SECY () Delete
Name: RICE, BARBARA SECY
Address: 2151 BRAMBLEWOOD DR. SOUTH
City-St-Zip: CLEARWATER, FL 33763

Title: TREA () Delete
Name: BESSMER, RUTH TREAS
Address: 2140 PINE RIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: AT () Delete
Name: SAVAGE, MARY ATREASU
Address: 2315 TUDOR LANE
City-St-Zip: CLEARWATER, FL 33763

Title: TRUS () Delete
Name: PATERSON, CHARLES TRUSTEE
Address: 2372 TUDOR LANE
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUTH BESSMER

_____ Electronic Signature of Signing Officer or Director

TREA

01/14/2009

_____ Date