


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 005 \*\*\*\*61.25

**DOCUMENT # 752663**

1. Entity Name  
**GREENBRIAR VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3651 EDGEWATER DR  
 SEBRING, FL 33872 US**

Mailing Address  
**PO BOX ~~4083~~ 7714  
 SEBRING, FL ~~33871~~ US  
 33872**

**DO NOT WRITE IN THIS SPACE**

01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2212874</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KLOCKO, ROSEANN  
~~2165 PRESTON AVE~~ 3310 Sunrise Dr.  
~~SEBRING, FL 33875~~ Sebring, Fl. 33872**

**DO NOT WRITE IN THIS SPACE**

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 *Roseann Klocko* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (title if applicable). (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CROSS, DAVID 15440 DERBY CT DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, RAY 3651 EDGEWATER DR SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rogers, William 1 Road End DR. Hollywood, Fl 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *[Signature]* DATE Jan 16/07 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR