

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90695 008 ****61.25

DOCUMENT # 752663

1. Entity Name

GREENBRIAR VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**5680 SCHUMACHER RD.
SEBRING FL 33872
US**

**5680 SCHUMACHER RD.
SEBRING FL 33872
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2212874**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEVERINO, DARRYLIN
5680 SCHUMACHER RD.
SEBRING FL 33872**

Name **Darrylin Severino**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Darrylin Severino**
Signature, typed or printed name of registered agent and title if applicable

Darrylin Severino
(NOTE: Registered Agent signature required when reinstating)

3/11/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS**
NAME **CROSS, DAVID**
STREET ADDRESS **15440 DERBY CT**
CITY-ST-ZIP **DAVIE FL 33331**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **D**
NAME **OCHMAN, STAFIE**
STREET ADDRESS **52 KENT AVENUE**
CITY-ST-ZIP **SAULT STE.MARIE,ONTARIO**
☒ Delete

TITLE **D**
NAME **Diayna Sutter**
STREET ADDRESS **3639 Edgewater Dr.**
CITY-ST-ZIP **Sebring FL 33872**
☐ Change ☒ Addition

TITLE **D**
NAME **MORRIS, PAUL**
STREET ADDRESS **3647 EDGEWATER DR.**
CITY-ST-ZIP **SEBRING FL 33872**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **PD**
NAME **SMITH, RAY**
STREET ADDRESS **3651 EDGEWATER DR**
CITY-ST-ZIP **SEBRING FL**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **D**
NAME **VADNEY, FRANK**
STREET ADDRESS **7586 CURRIES RD**
CITY-ST-ZIP **ARCADE NY 14009**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 REQUIRED**

3/13/03

392-9062

CR2E037 (10/02)