

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90050 036 \*\*\*\*70.00

**DOCUMENT # N01000008052**

1. Entity Name

**GREENBRIER/RESERVE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**2160 NW RESERVE PARK TRACE  
PORT ST LUCIE FL 34986**

Mailing Address

**2160 NW RESERVE PARK TRACE  
PORT ST LUCIE FL 34986**

**50017215**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0392873**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ISAACSON, WILLIAM K  
21045 COMMERCIAL TRL  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CSAPO, JOHN	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 33986	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	VAIL, ROBERT	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 33986	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	TOMPSON, JOHN	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 33986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen	
STREET ADDRESS	7663 Greenbrier	
CITY-ST-ZIP	Port St Lucie, FL 34986	
TITLE	Godard, Dennis VP/5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7758 Greenbrier	
CITY-ST-ZIP	Port St Lucie FL 34986	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Frank E.	
STREET ADDRESS	7653 Greenbrier	
CITY-ST-ZIP	Port St Lucie FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

*Frank E. Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/05*  
Date

*772-4671886*  
Daytime Phone #