


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 039 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03052007 Chg-NP CR2E037 (12/06)

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 **WILLIAM L. WEBER**
 Street Address (P.O. Box Number is Not Acceptable)
**BAYSHORE ASSOCIATION MANAGEMENT
 1304 SW BAYSHORE BLVD**
 City **PORT ST LUCIE** FL Zip Code **34983**

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 William L. Weber William L. Weber 3-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P BURCHEL, JAMES 7667 GREENBRIER CIR PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, DENNIS 7758 GREEN BRIER PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, FRANK E 7653 GREENBRIER PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, SUE 7761 GREENBRIER CIR PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, JANICE 7704 GREENBRIER CIR PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Louis Rachelli 7634 Greenbrier Circle Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank Martinez 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #