

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 032 ****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 # 430 NW LAKE WHITNEY PL		3. Mailing Address PO BOX 880038	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ST LUCIE FL		City & State PORT ST LUCIE FL	
Zip 34986		Zip 34988-0038	
Country USA		Country USA	
4. FEI Number 03-0392873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, WILLIAM L BAYSHORE ASSOC. MGMT. 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 430 NW LAKE WHITNEY PLACE City PORT ST LUCIE FL Zip Code 34986	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME BURCHEL, JAMES	TITLE President	NAME Burchell, JAMES
STREET ADDRESS 7667 GREENBRIER CIR	CITY-ST-ZIP PORT SAINT LUCIE, FL 34986	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME RACHELLI, LOUIS	TITLE TREASURER	NAME Louis Rachelli
STREET ADDRESS 7634 GREENBRIER CIRCLE	CITY-ST-ZIP PORT SAINT LUCIE, FL 34986	STREET ADDRESS 	CITY-ST-ZIP
TITLE T	NAME MARTINEZ, FRANK E	TITLE Vice President	NAME CARL KLEPPER
STREET ADDRESS 7653 GREENBRIER	CITY-ST-ZIP PORT SAINT LUCIE, FL 34986	STREET ADDRESS 7742 -Greenbriar Circle	CITY-ST-ZIP PORT ST LUCIE, FL 34986
TITLE S	NAME O'NEAL, SUE	TITLE Director	NAME DAVID MINIMAN
STREET ADDRESS 7761 GREENBRIER CIR	CITY-ST-ZIP PORT SAINT LUCIE, FL 34986	STREET ADDRESS 7738 GREENBRIER CIR	CITY-ST-ZIP PSTL, FL 34986
TITLE VP	NAME NEWMAN, JANICE	TITLE Secretary	NAME Manny FALCON
STREET ADDRESS 7704 GREENBRIER CIR	CITY-ST-ZIP PORT SAINT LUCIE, FL 34986	STREET ADDRESS 7738 Greenbriar Circle	CITY-ST-ZIP PSTL FL 34986
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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 <i>Louis A. Rachelli</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Louis A. Rachelli	
DATE 3/12/08		Daytime Phone # 772-464-1702	

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