2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N01000008052

Entity Name: GREENBRIER/RESERVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038

New Mailing Address:

FEI Number: 03-0392873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, WILLIAM L
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BURCHILL, JAMES	
Address:	7667 GREENBRIER CIR	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	T	( ) Delete
Name:	RACHELLI, LOUIS	
Address:	7634 GREENBRIER CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	VP	( ) Delete
Name:	KLEPPER, CARL	
Address:	7742 GREENBACE CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	D	( ) Delete
Name:	MINIMAU, DAVID	
Address:	77386 GREENBEUR CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	S	( ) Delete
Name:	FALCONE, NANCY	
Address:	7728 GREENBEUR CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	KLEPPER, CARL	
Address:	7742 GREENBRIER CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	D	(X) Change ( ) Addition
Name:	MINIMAN, DAVID	
Address:	7738 GREENBREIR CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	S	(X) Change ( ) Addition
Name:	FALCONE, NANCY	
Address:	7728 GREENBREIR CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS RACHELLI T 04/03/2009

Electronic Signature of Signing Officer or Director — Date