

NOI 000008052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

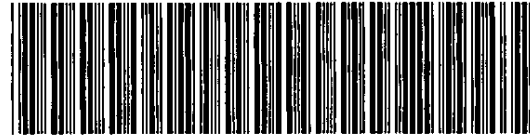
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000248406540

06/03/13--01007--003 **35.00

FILED
13 JUN -3 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACH

6/5/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Greenbrier/Reserve Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000008052

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah L. Ross, Esquire
Name of Contact Person

Ross Earle & Bonan, P.A.
Firm/Company

789 S. Federal Highway, Suite 101
Address

Stuart, FL 34994
City/State and Zip Code

dlr@reblawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah L. Ross at (772) 287-1745
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Greenbrier/Reserve Property Owners Association, Inc.
2. The principal office address: 543 NW Lake Whitney Place, Suite 101
Port St. Lucie, FL 34986
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/01 Document number: N01000098052

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sach Sax & Caplan
1850 SW Fountainview Blvd, Suite 207
Port Saint Lucie, FL 34986

FILED
JUN -3 PM 3:30
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Deborah L. Ross, Esquire/Ross Earle & Bonan, P.A.
789 S. Federal Highway, Suite 101
P.O. Box NOT acceptable
Stuart, FL 34994

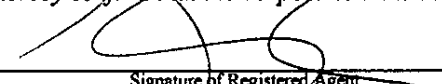
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

x 
Signature of an officer or director

x ANTONIO V. FRASCA, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

5/29/13
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***