

**DOCUMENT # N03988**

1. Entity Name

**GREENBRIAR OF CITRUS HILLS OWNERS' ASSOCIATION,**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90171 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2424 N ESSEX AVE  
P.O. BOX 1630  
HERNANDO FL 34442  
US

2424 N ESSEX AVE  
P.O. BOX 1630  
HERNANDO FL 34442-1630  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2501605**

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

7. Name and Address of New Registered Agent

**COX, ALVAH L. J CPA**  
**2424 N. ESSEX AVE.**  
**HERNANDO FL 34442**

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **DVP**  
STREET ADDRESS **CURRY, HILTON**  
CITY-ST-ZIP **333 E HARTFORD ST**  
**HERNANDO FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD**  
STREET ADDRESS **THOMPSON, JUNE**  
CITY-ST-ZIP **115 E. HARTFORD STREET SUITE 2A**  
**HERNANDO FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **TODD, FRED**  
CITY-ST-ZIP **303 HARTFORD ST, UNIT 5A**  
**HERNANDO FL 34442**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD**  
STREET ADDRESS **SWANSON, PATRICIA**  
CITY-ST-ZIP **261 E. HARTFORD ST.**  
**HERNANDO FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD**  
STREET ADDRESS **DEYESO, NANCY**  
CITY-ST-ZIP **270 E GLASSBORO 3B**  
**HERNANDO FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *PATRICIA A. SWANSON* **PATRICIA A. SWANSON** 2/4/00 352-746-0471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)