

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03988</b> 1. Entity Name <b>GREENBRIAR OF CITRUS HILLS OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>2450 N CITRUS HILLS BLVD. HERNANDO FL 34442 US</b>		Mailing Address <b>2450 N CITRUS HILLS BLVD. HERNANDO FL 34442 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		1st MOORE CR2E037 (10/05)	
		4. FEI Number <b>59-2501605</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRINGALI, MICHAEL J JOSEPH &amp; COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD. HERNANDO FL 34442</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD RIGNEY, MARY ANN	<input type="checkbox"/> Delete	
STREET ADDRESS	65 E HARTFORD ST		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HERNANDO FL 34442		U00000483461 04/11/06-80122-020 61.25
TITLE	D DIFRISCO, VICTOR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	370 E GLASSBORO CT		
CITY-ST-ZIP	HERNANDO FL 34442		
TITLE	PD SWANSON, PATRICIA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	261 E. HARTFORD ST.		
CITY-ST-ZIP	HERNANDO FL		
TITLE	VPD DEYESO, NANCY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	270 E GLASSBORO 3B		
CITY-ST-ZIP	HERNANDO FL		
TITLE	TD NEERING, BOB	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5586 LINKSVIEW WAY		
CITY-ST-ZIP	GLADWIN MI 48624		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Patricia A. Swanson* *Patricia Swanson* 3122 1st 262 746-7011