

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03988

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** GREENBRIAR OF CITRUS HILLS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2412 N ESSEX AVE  
HERNANDO, FL 34442 US

**New Principal Place of Business:**

918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442 US

**Current Mailing Address:**

2412 N ESSEX AVE  
HERNANDO, FL 34442 US

**New Mailing Address:**

918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442 US

FEI Number: 59-2501605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHILLIPS, HUGH E  
2412 N ESSEX AVE  
HERNANDO, FL 34442 US

**Name and Address of New Registered Agent:**

PHILLIPS CPA & MANAGEMENT SERVICES  
918 E NORVELL BRYANT HWY  
HERNANDO, FL 34442 US

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: PHILLIPS CPA & MANAGEMENT SERVICES

03/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: GREGOIRE, ROBERT  
Address: 2280 N HARDEE PT  
City-St-Zip: HERNANDO, FL 34442

Title: D  
Name: DEYESO, NANCY  
Address: 210 E GLASSBORO CT, APT 2B  
City-St-Zip: HERNANDO, FL 34442

Title: PD  
Name: KENNY, JACK  
Address: 1442 E RIDGEFIELD DR  
City-St-Zip: HERNANDO, FL 34442

Title: SD  
Name: JONES, GERRY  
Address: 727 E GILCHRIST CT  
City-St-Zip: HERNANDO, FL 34442

Title: D  
Name: KONONITZ, MICHAEL D  
Address: 385 E HARTFORD ST, APT 5A  
City-St-Zip: HERNANDO, FL 34442

Title: TD  
Name: LAPORTE, SUSAN  
Address: 261 E HARTFORD ST, APT 5B  
City-St-Zip: HERNANDO, FL 34442

I hereby 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 all other like empowered.

SIGNATURE: JACK KENNY

PD

03/18/2010

Electronic Signature of Signing Officer or Director

Date