


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 029 ****61.25

DOCUMENT # N06000000308 1. Entity Name GREENBRIER HOMEOWNERS' ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256			Mailing Address 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224																																																																																																																										
2. Principal Place of Business - No P.O. Box # 11555 CENTRAL PKWY			3. Mailing Address 11555 CENTRAL PKWY																																																																																																																										
Suite, Apt. #, etc. STE 603			Suite, Apt. #, etc. STE 603																																																																																																																										
City & State JACKSONVILLE FL			City & State JACKSONVILLE FL																																																																																																																										
Zip 32256		Country USA		4. FEI Number 14-1947716																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent STERLING FIN & MGMT, INC. 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GENOVESE, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5210 BELFORT ROAD, SUITE 400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32256</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEMAISTRE, FONTAINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5210 BELFORT RD SUITE 400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32256</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUDD, SHAWN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5210 BELFORT RD SUITE 400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32256</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FITZPATRICK, DAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5210 BELFORT RD STE 400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE FL 32256</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	GENOVESE, WILLIAM		STREET ADDRESS	5210 BELFORT ROAD, SUITE 400		CITY - ST - ZIP	JACKSONVILLE, FL 32256		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	LEMAISTRE, FONTAINE		STREET ADDRESS	5210 BELFORT RD SUITE 400		CITY - ST - ZIP	JACKSONVILLE, FL 32256		TITLE	STD	<input type="checkbox"/> Delete	NAME	BUDD, SHAWN		STREET ADDRESS	5210 BELFORT RD SUITE 400		CITY - ST - ZIP	JACKSONVILLE, FL 32256		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FITZPATRICK, DAN		STREET ADDRESS	5210 BELFORT RD STE 400		CITY - ST - ZIP	JACKSONVILLE FL 32256		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William Genove</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-12-08 <small>Date</small>																																																																																																																									
				904 425-6447 <small>Daytime Phone #</small>																																																																																																																									