

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000476

1. Entity Name

GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION,

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90014 024 ****70.00

Principal Place of Business	Mailing Address
4156 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467 US	5295 TOWN CENTER RD.,#200 BOCA RATON FL 33486-1080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5295 Town Center Rd</i>	3. Mailing Address
Suite, Apt. #, etc. <i>200</i>	Suite, Apt. #, etc.
City & State <i>Boca Raton, FL</i>	City & State
Zip <i>33486</i>	Country <i>US</i>

4. FEI Number 65-0411509	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
 LANG MANAGEMENT CO., INC.
 5295 TOWN CENTER RD., #200
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EPSTEIN, BOB	
STREET ADDRESS	10818 GREENBRIAR VILLA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERLMAN, WENDY	
STREET ADDRESS	10726 GREENBRIAR VILLA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BATTELENE, EDWIN	
STREET ADDRESS	10798 GREENBRIAR VILLA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, ALAN	
STREET ADDRESS	10806 GREENBRIAR VILLA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEIGLER, RON	
STREET ADDRESS	10778 GREENBRIAR VILLA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>S/T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>D</i>	
STREET ADDRESS	<i>10779 GREENBRIAR VILLA DR.</i>	
CITY-ST-ZIP	<i>LAKE WORTH, FL 33467</i>	
TITLE	<i>VP</i>	<input checked="" 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		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 *750-8800*
Date Daytime Phone #

CR2E037 (9/99)