


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 019 ****61.25

DOCUMENT # N92000000476

1. Entity Name
GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O GRS MANAGEMENT
 3900 WOODLAKE BLVD 208
 LAKE WORTH, FL 33463 US**

Mailing Address
**C/O GRS MANAGEMENT
 3900 WOODLAKE BLVD 208
 LAKE WORTH, FL 33463 US**

2. Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

3. Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

City
LAKE WORTH, FL 33463

City
LAKE WORTH, FL 33463

Zip
33463

Country
US

Zip
33463

Country
US



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0411509

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME P.A.
 1601 FORUM PLACE
 WEST PALM BEACH, FL 33401**

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. I am familiar with, and accept the obligations of registered agent..

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ELINOR 10694 GREENBRIARVILLA DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHMAN, FRED 10810 GREENBRIARVILLA DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINER, GERALD 10650 GREENBRIARVILLA DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, ALAN 10806 GREENBRIARVILLA DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUSTER, JULIAN 10746 GREENBRIARVILLADR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M ROTHMAN **FRED ROTHMAN** 2/10/06
Signature and typed or printed name of signing officer or director Date Daytime Phone #