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FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36890 (4)

1. Corporation Name

GREENBRIAR PLACE HOMEOWNERS ASSOCIATION OF BREVA
RD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 361214
MELBOURNE FL 32936P.O. BOX 361214
MELBOURNE FL 32936-12143. Date Incorporated or Qualified
02/28/19903a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-2921552

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KELLEY, MICHAEL B.
1909 TREVINO CIR.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

Brian Perske

82 Street Address (P.O. Box Number is Not Acceptable)

2070 TREVINO CIR.

83

84 City

MELBOURNE

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brian R. Perske*

Brian R. Perske President

3-19-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEY, MICHAEL B.
STREET ADDRESS 1909 TREVINO CIR.
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETETITLE VD
NAME PERSKE, BRIAN
STREET ADDRESS 2070 TREVINO CIR
CITY-ST-ZIP MELBOURNE FL ☐ DELETETITLE T
NAME MEANS, SCOTT K.
STREET ADDRESS 1998 TREVINO CIR.
CITY-ST-ZIP MELBOURNE FL 32935 ☐ DELETETITLE D
NAME JOHNSON, ROBER
STREET ADDRESS 1924 TREVINO CIRCLE
CITY-ST-ZIP MELBOURNE FL ☐ DELETETITLE D
NAME MILLER, CATHERINE
STREET ADDRESS 2032 TREVINO CIR
CITY-ST-ZIP MELBOURNE FL ☐ DELETETITLE D
NAME FOX, IRA L
STREET ADDRESS 2096 TREVINO CIR.
CITY-ST-ZIP MELBOURNE FL 32935 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME Jacklyn Haynes
1.3 STREET ADDRESS 2089 Trevino Cir.
1.4 CITY-ST-ZIP Melbourne, FL 32935 ☐ Change ☒ Addition2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian R. Perske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian R. Perske 3-19-97

Date

Daytime Phone # 0019618

CR2E037 (9/96)