

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32936

P.O. BOX 361214
MELBOURNE FL 32936



3. Date Incorporated or Qualified

02/28/1990

4. FEI Number

59-2921552

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERSKE, BRIAN
2010 TREVINO CIRCLE
MELBOURNE FL 32935**

81 Name

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

83

84 City

FL

85 Zip Code

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

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	VD	<input type="checkbox"/> DELETE
NAME	HAYNES, JACLYN	
STREET ADDRESS	2089 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERSKE, BRIAN	
STREET ADDRESS	2070 TREVINO CIR	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MEANS, SCOTT K.	
STREET ADDRESS	1998 TREVINO CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBER	
STREET ADDRESS	1924 TREVINO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, CATHERINE	
STREET ADDRESS	2032 TREVINO CIR	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, IRA L	
STREET ADDRESS	2096 TREVINO CIR.	
CITY-ST-ZIP	MELBOURNE FL 32935	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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:

SIGNATURE REQUIRED

1/15/98

407-259-8204

CR2E037 (10/97)