




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 029 \*\*\*\*61.25

<b>DOCUMENT # 710668</b> 1. Entity Name <b>GREENBRIER ASSOCIATION, INC.,</b>					
Principal Place of Business <b>50 CELESTIAL WAY JUNO BEACH, FL 33408</b>			Mailing Address <b>50 CELESTIAL WAY JUNO BEACH, FL 33408</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HESTER, DONALD L 50 CELESTIAL WAY JUNO BEACH, FL 33408</b>				Name <b>Stephen SBABANDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1340 U.S #1 Suite 102</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33409</b>	
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  <b>For Board of Directors</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3-6-06</b>	
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CHENETTE, HENRY</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>John FOX</b> <b>50 celestial way</b> <b>JUNO Beach, FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WEBSTER, BARRY</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>John Kurilla</b> <b>50 celestial way</b> <b>JUNO Beach, FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>CLEMENTS, MARION</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WALCZAK, SANDY</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>EBERT, DENISE</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ELTZ, MARIE</b> <b>50 CELESTIAL WAY</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  <b>Henry Chenette Pres.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-10-06</b> Daytime Phone #	