

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90182 015 ****61.25

0082023

DOCUMENT # 748339

1. Entity Name

GREENBRIAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**10525 180 PLACE SOUTH
BOCA RATON FL 33498**

Mailing Address

**10525 180 PLACE SOUTH
BOCA RATON FL 33498**

11010186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2025225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALD, JAY
10301 GREENBRIAR COURT
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name
Anna Birenbach
Street Address (P.O. Box Number is Not Acceptable)
18065 107 Ave. So.
BOCA RATON
City **FL** Zip Code **33498**

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 *Anna Birenbach*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/25/03**

FILE NOW: FEE IS \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	WALD, JAY	
STREET ADDRESS	10301 GREENBRIAR COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BABBITT, ALAN	
STREET ADDRESS	18102 104 TERR S	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CICCONE, NICHOLAS	
STREET ADDRESS	18113 107 AVE S	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESTES, ETTA	
STREET ADDRESS	18065 GROVE AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIRENBACH, ANNA	
STREET ADDRESS	18065 107TH AVENUE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRODY, AL	
STREET ADDRESS	10396 GREENBRIAR CT	
CITY-ST-ZIP	BOCA RATON FL 33498	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT BERNSTEIN	
STREET ADDRESS	10386 GREENBRIAR COURT	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCONE, NICHOLAS	
STREET ADDRESS	18113 107 AVE S.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BART, EDWARD	
STREET ADDRESS	10396 GREENBRIAR COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABBITT, MIRIAM	
STREET ADDRESS	18102 104 TERR S	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWAM, FRED	
STREET ADDRESS	10405 GREENBRIAR COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	
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 *Anna Birenbach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

Daytime Phone #

CR2E037 (10/02)