

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706563

**Entity Name:** GREENBRIAR CLUB INC

**Current Principal Place of Business:**

2013 GREENBRIAR BLVD.  
CLEARWATER, FL 33763

**Current Mailing Address:**

2013 GREENBRIAR BLVD.  
CLEARWATER, FL 33763

**FEI Number: 59-6169592**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CIANFRONE, JOSEPH R  
1964 BAYSHORE BLVD.  
SUITE A  
DUNEDIN, FL 34698 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLONDELL, RUTH  
Address        2071 HILLWOOD DRIVE  
City-State-Zip: CLEARWATER FL 33763

Title            VP  
Name            SKERRITT, DAVID  
Address        2343 TUDOR LANE  
City-State-Zip: CLEARWATER FL 33763

Title            SECRETARY  
Name            LUPKE, LAURIE  
Address        2163 TIMBER LANE  
City-State-Zip: CLEARWATER FL 33763

Title            TRUSTEE  
Name            REILLY, ROBERT A  
Address        2077 PINE RIDGE DR.  
City-State-Zip: CLEARWATER FL 33763

Title            TREASURER  
Name            WILLIAMS, COURTNEY A  
Address        2034 PINE RIDGE DR.  
City-State-Zip: CLEARWATER FL 33763

Title            MEMBERSHIP  
Name            BRICE, BARBARA  
Address        2041 WEST RIDGE DR.  
City-State-Zip: CLEARWATER FL 33763

Title            TRUSTEE  
Name            ELLIS, SUE  
Address        2485 INDIGO DR.  
City-State-Zip: CLEARWATER FL 33763

Title            TRUSTEE  
Name            FOXXMAN, SUSAN  
Address        2032 WEST RIDGE DR  
City-State-Zip: CLEARWATER FL 33763

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: COURTNEY WILLIAMS**

**TREASURER**

**06/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name RECTOR, MARTY  
Address 2089 FOREST DRIVE  
City-State-Zip: CLEARWATER FL 33763

Title ASST. TREASURER  
Name BUGGS-GRAHAM, JABBAR  
Address 2079 FOREST DR  
City-State-Zip: CLEARWATER FL 33763