

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008052

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC8259055160**

**Entity Name:** GREENBRIER/RESERVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

543 NW LAKE WHITNEY PL  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

543 NW LAKE WHITNEY PL  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**FEI Number: 03-0392873**

**Certificate of Status Desired: No**

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

SACH SAX & CAPLAN  
1850 SW FOUNTAINVIEW BLVD  
SUITE 207  
PORT SAINT LUCIE, FL 34986 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           TREASURER  
Name           RITA, VICKI  
Address        543 NW LAKE WHITNEY PLACE  
                  SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title           DIRECTOR  
Name           BURCHELL, JAMES F  
Address        543 NW LAKE WHITNEY PLACE  
                  SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title           PRESIDENT  
Name           FRASCA, ANTONIO V  
Address        543 NW LAKE WHITNEY PLACE  
                  SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title           D  
Name           BARATTA, ANTHONY JJR.  
Address        543 NW LAKE WHITNEY PLACE  
                  SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title           VICE PRESIDENT SECRETARY  
Name           VANDEGRIFT, DOTTIE  
Address        543 NW LAKE WHITNEY PLACE  
                  SUITE 101  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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: ANTONIO FRASCA**

**PRESIDENT**

**03/22/2013**

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

\_\_\_\_\_  
Date