| Officer/Director Detail : | | | | | | | |
|---------------------------|-----------------------|-----------------|-----------------------|--|--|--|--|
| Title | SECRETARY | Title | PRESIDENT | | | | |
| Name | EHNINGER, CAROL | Name | KOSTRO, SHEILA | | | | |
| Address | 2541 N RESTON TERRACE | Address | 2541 N RESTON TERRACE | | | | |
| City-State-Zip: | HERNANDO FL 34442 | City-State-Zip: | HERNANDO FL 34442 | | | | |
| | | Title | | | | | |
| Title | DIRECTOR | Title | TREASURER | | | | |
| Name | BAXTER, JUDY | Name | HORNE, MARY H | | | | |
| Address | 2541 N RESTON TERRACE | Address | 2541 N RESTON TERRACE | | | | |
| City-State-Zip: | HERNANDO FL 34442 | City-State-Zip: | HERNANDO FL 34442 | | | | |
| Title | VP | | | | | | |
| | | | | | | | |
| Name | TYLER, CYNTHIA | | | | | | |
| Address | 2541 N RESTON TERRACE | | | | | | |
| City-State-Zip: | HERNANDO FL 34442 | | | | | | |

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: MARY HORNE

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/17/2017

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 17, 2017 Entity Name: GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.

Certificate of Status Desired: No

Secretary of State CC8793856087

Current Principal Place of Business: 2541 N RESTON TERRACE HERNANDO, FL 34442

DOCUMENT# N12909

Current Mailing Address:

2541 N RESTON TERRACE HERNANDO, FL 34442 US

FEI Number: 59-2582473

Name and Address of Current Registered Agent:

VILLAGES SERVICES COOPERATIVE INC. 2541 N RESTON TERRACE HERNANDO, FL 34442 US

SIGNATURE: GERALYN BOND

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.

| | | Electronic Signature of Registered Agent | | | Date | |
|---------------------------|-----------------|--|-----------------|-----------------------|------|--|
| Officer/Director Detail : | | | | | | |
| | Title | SECRETARY | Title | PRESIDENT | | |
| | Name | EHNINGER, CAROL | Name | KOSTRO, SHEILA | | |
| | Address | 2541 N RESTON TERRACE | Address | 2541 N RESTON TERRACE | | |
| | City-State-Zip: | HERNANDO FL 34442 | City-State-Zip: | HERNANDO FL 34442 | | |
| | Title | DIRECTOR | Title | TREASURER | | |
| | Name | BAXTER, JUDY | Name | HORNE, MARY H | | |
| | Address | 2541 N RESTON TERRACE | Address | 2541 N RESTON TERRACE | | |
| | City-State-Zip: | HERNANDO FL 34442 | City-State-Zip: | HERNANDO FL 34442 | | |
| | Title | VP | | | | |
| | Name | TYLER, CYNTHIA | | | | |
| | Address | 2541 N RESTON TERRACE | | | | |

Date

04/17/2017