

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2013
Secretary of State
CC5729467523**Entity Name:** GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O GRS MANAGEMENT ASSCS, INC.
3900 WOODLAKE BLVD 309
LAKE WORTH, FL 33463**Current Mailing Address:**C/O GRS MANAGEMENT ASSCS, INC.
3900 WOODLAKE BLVD 309
LAKE WORTH, FL 33463 US**FEI Number:** 65-0411509**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HEIDLER LADWIG, PATTI ESQ
12765 W FOREST HILL BLVD STE 1312
WELLINGTON, FL 33414 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	DP
Name	HERSCHFIELD, IRA
Address	10779 GREENBRIARVILLA DR
City-State-Zip:	WELLINGTON FL 33449

Title	SD
Name	TISNOWER, EDWARD
Address	10754 GREENBRIARVILLA DR
City-State-Zip:	WELLINGTON FL 33449

Title	TD
Name	GORDON, ALAN
Address	10806 GREENBRIARVILLA DR
City-State-Zip:	WELLINGTON FL 33449

Title	D
Name	KLAIMAN, HANK
Address	10742 GREENBRIAR VILLA DR.
City-State-Zip:	WELLINGTON FL 33449

Title	VP
Name	LIGHT, HAROLD
Address	10798 GREENBRIAR VILLA DRIVE
City-State-Zip:	WELLINGTON FL 33449

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: HERSCFIELD , IRA

DP

04/15/2013

Electronic Signature of Signing Officer/Director Detail_____
Date