

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000476

**FILED**  
**Mar 15, 2019**  
**Secretary of State**  
**7999375312CC**

**Entity Name:** GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% 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: No**

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

ROSSIN & BURR, ESQ.  
1550 SOUTHERN BLVD.  
#100  
WEST PALM BEACH, FL 33406 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: ROBERT BURR**

**03/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name GREENBERG, AUDREY  
Address 3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY  
Name KRAMER, BOB  
Address 3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name BAUM, MARTIN  
Address 3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

Title TD  
Name KLAIMAN, HANK  
Address 3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name HARRIS, BURTON  
Address 3900 WOODLAKE BLVD. #309  
City-State-Zip: LAKE WORTH FL 33463

*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: BURTON HARRIS**

**PRESIDENT**

**03/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date