

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000476

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC1972275587****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:**% 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:**HEIDLER LADWIG, PATTI ESQ  
12161 KEN ADAMS WAY  
SUITE 110-UU  
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 HERSHFIELD, IRA  
Address 10779 GREENBRIARVILLA DR  
City-State-Zip: WELLINGTON FL 33449Title SD  
Name TISNOWER, EDWARD  
Address 10754 GREENBRIARVILLA DR  
City-State-Zip: WELLINGTON FL 33449Title D  
Name BAUM, MARTIN  
Address 10738 GREENBRIARVILLA DR  
City-State-Zip: WELLINGTON FL 33449Title TD  
Name KLAIMAN, HANK  
Address 10742 GREENBRIAR VILLA DR.  
City-State-Zip: WELLINGTON FL 33449Title VP  
Name HARRIS, BURTON  
Address 10830 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: IRA HERSHFIELD****PRESIDENT****02/03/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date