

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715369

FILED
Apr 09, 2010
Secretary of State

Entity Name: GREENBRIAR CONDOMINIUM APARTMENTS I ASSOCIATION, INC.

Current Principal Place of Business:

C/O FIRST CHOICE ASSOCIATION MGMT. INC.
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

C/O FIRST CHOICE ASSOCIATION MGMT. INC.
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-1382418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CHOICE ASSOCIATION MANAGEMENT, INC.
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: UNGASHICK, TIM
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TSEC
Name: ADSHEAD, BEATRICE R
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: D
Name: WEST, SHERRY
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: D
Name: SANTOIANI, RITA
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: D
Name: GAMACIA, MARION
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

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: JAMES NOLAN

AGEN

04/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date