


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90022 039 ****61.25

DOCUMENT # 746969	
1. Entity Name GREENBRIAR CONDOMINIUM, INC.	

Principal Place of Business GREENBRIAR CONDOMINIUM ASSOC INC 2677 SOUTH OCEAN BLVD BOCA RATON FL 33432	Mailing Address GREENBRIAR CONDOMINIUM ASSOC INC 2677 SOUTH OCEAN BLVD BOCA RATON FL 33432
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number 59-1931750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VERRO, RICHARD 2677 S OCEAN BLVD #3C BOCA RATON FL 33432	
7. Name and Address of New Registered Agent Name COHEN, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 2679 S. OCEAN BLVD #5C City BOCA RATON FL 33432	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Verro*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP APELIAN, GEORGE 2677 S OCEAN BLVD #3A BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD T VERRO, RICHARD 2677 S OCEAN BLVD #3C BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, PERCY 2677 S OCEAN BLVD 3B BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, JEAN 2679 S OCEAN BLVD 4A BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHARYN VAN SECREARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHARYN VAN OSDALE 2679 SO. OCEAN BLVD 3C BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ARNIE 2679 S OCEAN BLVD. 5C BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CREWSON, WALKER DIRECTOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CREWSON, WALKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2679 SO. OCEAN BLVD 4A BOCA RATON FL 33432

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Verro* **RICHARD VERRO** 2/22/07 954-392-280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #