

DOCUMENT # 750308

1. Entity Name

GREENBRIAR OF BROWARD COUNTY CONDOMINIUM ASSOCIA**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90066 050 ****61.25

Principal Place of Business

Mailing Address

% MIKE MANGURIAN
5970 N.E. 18TH AVE., STE. #711
FT. LAUDERDALE FL 33334% MIKE MANGURIAN
5970 N.E. 18TH AVE., STE. #711
FT. LAUDERDALE FL 33334-5997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1115940

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGURIAN, MIKE
5970 NE 18TH AVE.
SUITE 711
FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VDT ☐ Delete
NAME MANGURIAN, PIERCE
STREET ADDRESS ~~PO BOX 1448~~
CITY-ST-ZIP ~~KERRVILLE TX 78028~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 3520
CITY-ST-ZIP Pagosa Springs, CO 81147TITLE PD ☐ Delete
NAME MANGURIAN, MICHAEL
STREET ADDRESS ~~5970 NE 18TH AVE #711~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 10307
CITY-ST-ZIP ~~Pompano Beach, FL 33061~~TITLE S ☐ Delete
NAME SCHENK, JOHN
STREET ADDRESS 302 8TH STREET, SUITE 310
CITY-ST-ZIP GLENWOOD SPRINGS COTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MANGURIAN, DONNA
STREET ADDRESS ~~5970 NE 18TH AVE #711~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 10307
CITY-ST-ZIP Pompano Beach, FL 33061TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mike Mangurian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

772-8686

Daytime Phone #

CR2E037 (9/99)