

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90013 014 ****61.25

DOCUMENT # 752663

1. Entity Name
**GREENBRIAR VILLAS CONDOMINIUM OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**3651 EDGEWATER DR
SEBRING, FL 33872 US**

Mailing Address
**PO BOX 4010
SEBRING, FL 33871 US**

50064237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2212874

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, SCOTT L
3651 EDGEWATER DR
SEBRING, FL 33872**

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

TITLE DS ☐ Delete
NAME CROSS, DAVID
STREET ADDRESS 15440 DERBY CT
CITY-ST-ZIP DAVIE, FL 33331

TITLE D ☒ Delete
NAME SUTTER, DWAYNA
STREET ADDRESS 3639 EDGWATER DR
CITY-ST-ZIP SEBRING, FL 33892

TITLE D ☒ Delete
NAME MORRIS, PAUL
STREET ADDRESS 3647 EDGEWATER DR.
CITY-ST-ZIP SEBRING, FL 33872

TITLE PD ☐ Delete
NAME SMITH, RAY
STREET ADDRESS 3651 EDGEWATER DR
CITY-ST-ZIP SEBRING, FL

TITLE D ☒ Delete
NAME HAUGHTON, BRIAN
STREET ADDRESS 3643 EDGEWATER DR
CITY-ST-ZIP SEBRING, FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/05 (863) 381-3306