


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 043 ****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	
2. Principal Place of Business - No P.O. Box # 3310 SUNRISE DR		3. Mailing Address P.O. Box 7714			
Suite, Apt. #, etc. SEBRING, FL.		Suite, Apt. #, etc. Sebring, FL.			
City & State Sebring, FL.		City & State Sebring, FL.			
Zip 33872	Country USA	Zip 33872	Country USA	4. FEI Number 59-2212874	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KLOCKO, ROSEANN 3310 SUNRISE DR SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Roseann P. Klocko</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 2-21-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DS CROSS, DAVID 15440 DERBY CT DAVIE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RAY 3651 EDGEWATER DR SEBRING, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WILLIAM 1 ROAD END DR HOLLYWOOD, FL 33031	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE O'HORA 1304 SAINT ANN ST. SCRANTON, PA. 18504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE O'HORA 1304 SAINT ANN ST. SCRANTON, PA. 18504	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE O'HORA 1304 SAINT ANN ST. SCRANTON, PA. 18504	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					