

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90012 032 ***150.00

DOCUMENT # G11836

1. Entity Name

GREENBRIER VILLAGE, INC.



Principal Place of Business

6100 62ND AVE N
GREENBRIER VILLAGE OFFICE
PINELLAS PARK FL 33781
US

Mailing Address

6100 62ND AVE N
GREENBRIER VILLAGE OFFICE
PINELLAS PARK FL 33781
US

54019469



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2256150

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

SUSAN BEASLEY
~~MORAN, MARJORIE~~
6100 62ND AVE. N. #23
PINELLAS PARK FL 33781

Name *SUSAN BEASLEY*
Street Address (P.O. Box Number is Not Acceptable)
6100 62ND AVE N #23
City *PINELLAS PARK* FL *33781*

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 *Susan Beasley, secretary/treasurer*
Signature, typed or printed name of registered agent and title if applicable.

3/13/2004
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME SCHIEDER, ROBERT
STREET ADDRESS 6100 62ND AVE. NORTH #9
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☒ Addition
NAME *PRESIDENT*
STREET ADDRESS *Jeanne Post*
CITY-ST-ZIP *6100 62ND AVE N #12*
PINELLAS PARK, FL 33781

TITLE ☒ Delete
NAME 1VP
NAME POST, JEANNE
STREET ADDRESS 6100 62ND AVENUE NORTH #12
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☒ Addition
NAME *1ST VICE PRESIDENT*
STREET ADDRESS *HAROLD REYNOLDS*
CITY-ST-ZIP *6100 62ND AVE N #19*
PINELLAS PARK FL 33781

TITLE ☒ Delete
NAME 2VP
NAME PRIESTLEY, RICHARD
STREET ADDRESS 6100 62ND AVENUE NORTH #8
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☒ Addition
NAME *2ND VICE PRESIDENT*
STREET ADDRESS *RONALD Jensen*
CITY-ST-ZIP *6100 62ND AVE N #17*
PINELLAS PARK FL 33781

TITLE ☒ Delete
NAME S
NAME MORAN, MARJORIE
STREET ADDRESS 6100 62 AVE N #14
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☒ Addition
NAME *DIRECTOR AT LARGE*
STREET ADDRESS *JAMES ROGERS*
CITY-ST-ZIP *6100 62ND AVE N #66*
PINELLAS PARK FL 33781

TITLE ☒ Delete
NAME T
NAME DUICH, JOAN
STREET ADDRESS 6100 62ND AVENUE NORTH #45
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☒ Addition
NAME *SECRETARY + TREASURER*
STREET ADDRESS *Susan Beasley*
CITY-ST-ZIP *6100 62ND AVE N #23*
PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Jeanne Post JEANNE POST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 727-548-7494
Date Daytime Phone #