


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 19, 2008 8:00 am
Secretary of State

05-30-2008 90216 027 ****61.25

DOCUMENT # N00000002811			
1. Entity Name THE COLONY AT GREENBRIAR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4141 SOUTHPOINT DR E SUITE B JACKSONVILLE, FL 32216 US		Mailing Address 11555 CENTRAL PKWY 603 JACKSONVILLE, FL 32224 US	
2. Principal Place of Business - No P.O. Box # <u>920 Third Street</u>		3. Mailing Address <u>920 Third Street</u>	
Suite, Apt. #, etc. <u>Ste B</u>		Suite, Apt. #, etc. <u>Ste</u>	
City & State <u>Neptune Beach FL</u>		City & State <u>Neptune Beach</u>	
Zip <u>32266</u>	Country	Zip <u>32266</u>	Country
4. FEI Number 59-3643887		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 SILVERFIELD, GARY D 4141 SOUTHPOINT DRIVE E SUITE B JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name <u>Denise L. Wallace</u> Street Address (P.O. Box Number is Not Acceptable) <u>920 Third Street st B</u> City <u>Neptune Beach FL</u> Zip Code <u>32266</u>	
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>[Signature]</u> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
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	DP BREEDING, HELEN 4141 SOUTHPOINT DR E SUITE B JACKSONVILLE, FL 32216 <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	DV ATKERSON, CHARLES F JR 9474 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Charles F. Atkinson, Jr</u> <u>8833 Perimeter Park Blvd. #1104</u> <u>Jacksonville, FL 32216</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SILVERFIELD, GARY D 4141 SOUTHPOINT DR E SUITE B JACKSONVILLE, FL 32216 <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	P FREAS, JEFF 204 STONEWELL DRIVE JACKSONVILLE, FL 32259 <input checked="" 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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5/21/08</u> 904-564-2252 Daytime Phone #	