

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90185 041 ****61.25

50048360



DOCUMENT # N03949 1. Entity Name GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD. PALM CITY, FL 34990 US			Mailing Address 12600 N.W. HARBOUR RIDGE BLVD. PALM CITY, FL 34990 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2478899	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEARY, MICHAEL E. 12600 NW HARBOUR RIDGE BLVD. PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name S Jane Cornett Cornett, Googe & Associates, PA 401 E. Osceola Street, First Floor C Stuart, FL 34994	
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 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE	DV <input type="checkbox"/> Delete				TITLE
NAME	SODERSTROM, ROBERT D				NAME
STREET ADDRESS	2106 GREENBRIAR LANE				STREET ADDRESS
CITY-ST-ZIP	PALM CITY, FL 34990				CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete				TITLE
NAME	THEYE, FRED				NAME
STREET ADDRESS	2111 GREENBRIAR LN				STREET ADDRESS
CITY-ST-ZIP	PALM CITY, FL 34990				CITY-ST-ZIP
TITLE	DP <input type="checkbox"/> Delete				TITLE
NAME	TAINTER, DAVIES				NAME
STREET ADDRESS	2117 GREENBRIER LANE				STREET ADDRESS
CITY-ST-ZIP	PALM CITY, FL 34990				CITY-ST-ZIP
TITLE	DST <input type="checkbox"/> Delete				TITLE
NAME	HIRO, SUZANNE				NAME
STREET ADDRESS	2102 GREENBRIER LANE				STREET ADDRESS
CITY-ST-ZIP	PALM CITY, FL 34990				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 4-4-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					