


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 043 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNETT, JANE CORNETT, GOOGE & ASSOCIATES, PA 401 E. OSCEOLA STREET, FIRST FLOOR STUART, FL 34994		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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBLEHTZ, JOHN	NAME	
STREET ADDRESS	2118 GREENBRIAR LN	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIER, VALERIE	NAME	James D. Blundell
STREET ADDRESS	2113 GREENBRIAR LN	STREET ADDRESS	2112 Greenbriar Ln.
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	Palm City FL 34990
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAINTER, DAVIES	NAME	
STREET ADDRESS	2117 GREENBRIER LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUNDELL, JAMES	NAME	Robert Longlois
STREET ADDRESS	2112 GREENBRIAR LN	STREET ADDRESS	2119 Greenbriar Ln
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	Palm City FL 34990
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDARSTRAND, THEODORE	NAME	Sandra Dahl
STREET ADDRESS	2112 GREENBRIAR LN	STREET ADDRESS	2104 Greenbriar Ln
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	Palm City FL 34990
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **4-21-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #