

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90010 010 ****70.00

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|--|---|--|--|---|--|
| DOCUMENT # N03988 1. Entity Name GREENBRIAR OF CITRUS HILLS OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2450 N CITRUS HILLS BLVD. HERNANDO, FL 34442 US | | | Mailing Address 2450 N CITRUS HILLS BLVD. HERNANDO, FL 34442 US | | |
| 2. Principal Place of Business - No P.O. Box # 2412 N. Essex Ave. Suite, Apt. #, etc. | | 3. Mailing Address 2412 N. Essex Ave. Suite, Apt. #, etc. | | 06182008 Chg-NP CR2E037 (12/06) | |
| City & State Hernando, FL Zip Country 34442 Citrus | | City & State Hernando, FL Zip Country 34442 Citrus | | 4. FEI Number 59-2501605 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent PHILLIPS, HUGH E 13339 N CARNEVALE TERR LECANTO, FL 34461 | |
| 7. Name and Address of New Registered Agent Name Hugh E. Phillips Street Address (P.O. Box Number is Not Acceptable) 2412 N. Essex Ave. City Hernando FL Zip Code 34442 | | | | 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 CPA CAM Hugh E. Phillips, CPA, CAM 6/23/08 <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 September 12, 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 | SD WILKENS, PATRICIA 115 E HARTFORD ST HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Geraldine Jones 727 E. Gilchrist Ct. Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIFRISCO, VICTOR 370 E GLASSBORO CT HERNANDO, FL 34442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Victor D'Frisco <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SWANSON, PATRICIA 261 E. HARTFORD ST. HERNANDO, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Patricia Swanson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DEYESO, NANCY 270 E GLASSBORO 3B HERNANDO, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jack Keating 2200 N. Glades Pt. Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KENNY, JACK 1442 E RIDGEFIELD DR HERNANDO, FL 34442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Jack Kenny <input checked="" 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: 6/18/08 352-726-753 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |