

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 # <u>2412 N. Essex Ave.</u>		3. Mailing Address <u>2412 N. Essex Ave.</u>		06182008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Hernando, FL</u>		City & State <u>Hernando, FL</u>		4. FEI Number <u>59-2501605</u>	
Applied For Not Applicable					
Zip <u>34442</u>	Country <u>Citrus</u>	Zip <u>34442</u>	Country <u>Citrus</u>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, HUGH E 13339 N CARNEVALE TERR LECANTO, FL 34461			Name <u>Hugh E. Phillips</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>2412 N. Essex Ave.</u>		
			City <u>Hernando</u> FL Zip Code <u>34442</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>Hugh E. Phillips, CPA, CAM</u>		Name <u>Hugh E. Phillips, CPA, CAM</u>		DATE <u>6/23/08</u>	
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: <u>[Signature]</u>		Date <u>6/18/08</u>		Daytime Phone # <u>352-726-753</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					