

DOCUMENT # N047181. Entity Name
GREENBRIAR PROPERTY OWNERS' ASSOCIATION, INC.Principal Place of Business
**1803 WOLF LAUREL DR.
SUN CITY CENTER, FL 33573-2744 US**Mailing Address
**P.O. BOX 5744
SUN CITY CENTER, FL 33571-2744 US****FILED**
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90008 013 ****61.25

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2529062Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DISARCINA, ROBERT
1803 WOLF LAUREL DR.
SUN CITY CENTER, FL 33573**

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, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PASQUARELLO, ROBERT
STREET ADDRESS 1854 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE VD ☒ Delete
NAME SHACKELFORD, RON
STREET ADDRESS 1942 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE SD ☒ Delete
NAME PUZIO, TED
STREET ADDRESS 1810 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE TD ☐ Delete
NAME DISARCINA, ROBERT
STREET ADDRESS 1803 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE D ☐ Delete
NAME POTTER, DALE
STREET ADDRESS 702 ELKHORN ROAD
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE D ☒ Delete
NAME PHILSON, DEAN
STREET ADDRESS 1904 WOLF LAUREL DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME PHILSON, DEAN
STREET ADDRESS 1904 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE VD ☒ Change ☐ Addition
NAME DISARCINA, ROBERT
STREET ADDRESS 1803 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE SD ☒ Change ☐ Addition
NAME ENGLAND, ELZA
STREET ADDRESS 715 ELKHORN ROAD
CITY-ST-ZIP SUN CITY CENTER, FL 33573TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME DEUTEL, RENE
STREET ADDRESS 1819 WOLF LAUREL DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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: Rene Deutel, RENE DEUTEL 3/29/07 813-633-7549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #