## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04718

FILED May 10, 2009 Secretary of State

Entity Name: GREENBRIAR PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1803 WOLF LAUREL DR. 1854 WOLF LAUREL DR. SUN CITY CENTER, FL 335732744 US SUN CITY CENTER, FL 335732744 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5744 SUN CITY CENTER, FL 335712744 US FEI Number: 59-2529062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINES, JAMES P JR % HINES, NORMAN, HINES, P.L. 315 S. HÝDE PARK AVE. TAMPA, FL 33606 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PHILSON, DEAN Name: Name: 1904 WOLF LAUREL DR. Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PASQUARELLO, ROBERT Name: Name: Address: 1854 WOLF LAUREL DR. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: (X) Delete Title: () Change () Addition DISARCINA, JOAN M Name: Name: 1803 WOLF LAUREL DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: PLISKA, MARGARET Name: PLISKA, MARGARET 720 PLUMBROOK ROAD 720 PLUMBROOK ROAD Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change ( ) Addition DEUTEL, ROBERT CLINKER, IRENE Name: Name: 714 PLUMBROOK RD 1819 WOLF LAUREL DR. Address: Address: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: ROBERT PASQUARELLO 05/10/2009