2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 23, 2006 8:00 am
Secretary of State
02-02-2006 90071 005 ****61.25

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1. Entity Name
GREENBRIAR PLANTATION OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~8833 PERIMETER PARK BLVD. SUITE 1104~~ ~~JACKSONVILLE, FL 32216~~	~~8833 PERIMETER PARK BLVD. SUITE 1104~~ ~~JACKSONVILLE, FL 32216~~

2. Principal Place of Business	3. Mailing Address
May Management	May Management
Suite, Apt. #, etc. 5455 US Highway AIA S	Suite, Apt. #, etc. 5455 US Highway AIA S.
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32080 Country	Zip 32080 Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number 76-0778650 ☐ Applied For ☐ Not Applicable

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
ATKERSON, CHARLES F JR. 9471 BAYMEADOWS RD STE 403 JACKSONVILLE, FL 32256	Name CYNTHIA O'NEIL Street Address (P.O. Box Number is Not Acceptable) C/O MAY MANAGEMENT 5455 US HIGHWAY AIA SOUTH City ST. AUGUSTINE FL Zip Code 32080

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 Cynthia H O'Neil CYNTHIA O'NEIL 1/26/06
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ATKERSON, CHARLES ~~9471 BAYMEADOWS RD STE 403~~ JACKSONVILLE, FL ~~32256~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8833 Perimeter Park Blvd #1104 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SILVERFIELD, GARY D 4141 SOUTHPOINT DR E STE B JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BREEDING, BETH W 4141 SOUTHPOINT DR E STE B JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Beth Breeding 1/27/06 9043327099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #