

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000792 1. Entity Name GREENBRIAR PLANTATION OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business MAY MANGEMENT 5455 U.S. HWY A1A S. SAINT AUGUSTINE, FL 32080	Mailing Address MAY MANGEMENT 5455 U.S. HWY A1A S. SAINT AUGUSTINE, FL 32080
--	--



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 O. NEIL, CYNTHIA 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDER, JERRY 34 INDUSTRIAL LOOP STE 195 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, STEVE 2301 PARK AVE STE 208 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAYMOR, JOHN 12627 SAN HOSE BLVD STE 106 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000822839
02/20/08-80011-020 61.25

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>Joseph Samples</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2/4/08</u> Date	<u>260-1362</u> Daytime Phone #
--	--------------------------------------	---