

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90064 006 \*\*\*\*61.25

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01122007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000000308</b>			
1. Entity Name <b>GREENBRIER HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256		Mailing Address 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11555 CENTRAL PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 603	
City & State		City & State JACKSONVILLE, FL	
Zip		Zip 32224	
Country		Country DUAL	
4. FEI Number 141947716		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING FIN & MGMT, INC. 6320 ST. AUGUSTINE ROAD SUITE 6B JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11555 CENTRAL PARKWAY STE 603 City JACKSONVILLE FL Zip Code 32224	
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 _____ (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. <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	PD GENPVESO, WILLIAM 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENOVESE, William 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COVELL, RICK 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMAISTRE, FONTAINE 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEMAISTRE, FONTAINE 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUDD, SHAWN 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input checked="" 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
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
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, without other like empowered.			
SIGNATURE: <u>William Genovesi</u>		Date: 4-2-07 Daytime Phone #: 904-425-6447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	