


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 029 ****61.25

DOCUMENT # N06000000308			
1. Entity Name GREENBRIER HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256		Mailing Address 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box # 11555 CENTRAL PKWY		3. Mailing Address	
Suite, Apt. #, etc. STE 603		Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State	
Zip 32256		Country USA	
4. FEI Number 14-1947716		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. 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent 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, 2008		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 GENOVESE, WILLIAM 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 <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	VD LEMAISTRE, FONTAINE 5210 BELFORT RD SUITE 400 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZ PATRICK, DAN 5210 BELFORT RD STE 400 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUDD, SHAWN 5210 BELFORT RD SUITE 400 JACKSONVILLE, FL 32256 <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
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, with all other like empowered.			
SIGNATURE: <u>William Genovese</u>		Date: <u>2-12-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>904 425-6447</u>	

40064014



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