


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -6 PM 1:02

DOCUMENT # N06000006850	
1. Entity Name GREENBRIAR TERRACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5522 NW 43 ST. B GAINESVILLE, FL 32653	Mailing Address 5522 NW 43 ST. B GAINESVILLE, FL 32653
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2. Principal Place of Business - No P.O. Box # 500 NW 43rd St Suite, Apt. #, etc. Ste 3 City & State Gainesville, FL Zip 32607	3. Mailing Address 500 NW 43rd St Suite, Apt. #, etc. Ste 3 City & State Gainesville, FL Zip 32607
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03302009 REIN-NP CR2E099 (1/07)

4. FEI Number 51-0504544	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, CAROL C/O BOSSHARDT PROPERTY MGMT INC. 5522-B NW 43 ST GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL, LLC Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd St Suite 3 City Gainesville FL Zip Code 32607
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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 <u>Eugene Haufler</u> Signature, typed or printed name of registered agent and title if applicable	<u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)	DATE 4-2-09

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIES, LOREN 1034 NW 57TH ST. GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrew Hirschik 251 NW 34th Drive Gainesville FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLOYD, WAYNE 1930 NW 34TH ST. GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Valerie Timmons 1700 NW 34th St #1 Gainesville, FL 32605 <input 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	Secretary-Treasurer Marry Ann Ross 1790 NW 34th St #10 Gainesville FL 32605 <input 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	Director Spies, Loren 1034 NW 57th St. Gainesville, FL 32605 <input checked="" 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

REINSTATEMENT

08-09

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04/06/09--01045--024 \*\*297.50

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.	
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SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-3-09	Daytime Phone #
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