## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07164

FILED Apr 07, 2005 Secretary of State

Entity Name: RIVERWOOD GREENBRIAR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 FEI Number: 59-2487326 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKIN, MICHELE 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PARKER, WILLIAM Name: Name: 6153 SEQUOIA DRIVE Address: Address: City-St-Zip: PT. ORANGE, FL 32127 City-St-Zip: Title: PD () Delete Title: () Change () Addition ARMSTRONG, GORDON Name: Name: Address: 6135 SEQUOIA DR. Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change ( ) Addition VONESCH, PETER QUISENBERRY, JAMES Name: Name: Address: 6139 SEQOIA DR Address: 6160 SEQUOIA DRIVE City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: STD ( ) Delete Title: () Change () Addition Name: MILLER, GLADYS Name: Address: 6127 SEQUOIA DR Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MASZTAK, CHESTER MURPHY, MICHAEL Name: Name: 6155 SEQUOIA DR 6189 SEQUOIA DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON ARMSTRONG PRES 04/07/2005