

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07164

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** RIVERWOOD GREENBRIAR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 59-2487326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKIN, MICHELE  
1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: ARMSTRONG, GORDON  
Address: 6135 SEQUOIA DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete  
Name: QUISENBERRY, JAMES  
Address: 6160 SEQUOIA DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: STD ( ) Delete  
Name: MILLER, GLADYS  
Address: 6127 SEQUOIA DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete  
Name: MURPHY, MICHAEL  
Address: 6189 SEQUOIA DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: FUCELLO, RITA  
Address: 6121 SEQUOIA DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date