



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90335 035 ****61.25

DOCUMENT # N09900 1. Entity Name GREENBRIAR AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business % ATTWOOD PHILLIPS INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789		Mailing Address % ATTWOOD PHILLIPS INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box c/o Presidential Group South Suite, Apt. #, etc. 135 W. Pineview St. City & State Altamonte Sp. FL Zip 32714 Country US		3. Mailing Address c/o Presidential Group South Suite, Apt. #, etc. 135 W. Pineview St. City & State Altamonte Sp. FL Zip 32714 Country US	
			
		03132007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2719530	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTWOOD-PHILLIPS, INC 1350 ORANGE AVE SUITE 100 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name PRESIDENTIAL GROUP SOUTH, INC Street Address (P.O. Box Number is Not Acceptable) 135 W. Pineview St. City Altamonte Sp. FL Zip Code 32714	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	PD KELLY, MARVIN 1007 TROON TRC WINTER SPRINGS, FL 32708	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	VD ROSE, WES 955 GLEN ABBEY CIR WINTER SPRINGS, FL 32708	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	D DEERKOSKI, PATRICIA 840 TORREY PINE DR WINTER SPRINGS, FL 32708	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	TD SMALL, ARNOLD 959 GLEN ABBEY CIR WINTER SPRINGS, FL 32708	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	SD BRIDGES, BILL 935 GLEN ABBEY CIR WINTER SPRINGS, FL 32708	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
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: <i>J. Bridges</i> President		Date <i>4/12/07</i> Daytime Phone # <i>407 682-3355</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			