

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2008 90056 047 ****61.25

DOCUMENT # N18775 1. Entity Name GREENBRIAR VILLAGE CONDOMINIUM ASSOCIATION, INC., AT THE HIDEAWAY COUNTRY CLUB					
Principal Place of Business 15660 SAN CARLOS BLVD. # 40 FORT MYERS, FL 33908 US			Mailing Address P.O. BOX 60847 FORT MYERS, FL 33906 US		
2. Principal Place of Business - No P.O. Box # 5910 TRAILWINDS DR.		3. Mailing Address 5910 TRAILWINDS DR.			
Suite, Apt. #, etc. # 422		Suite, Apt. #, etc. # 422			
City & State FORT MYERS FL		City & State FORT MYERS FL			
Zip 33907		Country USA		4. FEI Number 65-0065588	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPRING, SHANE SUNSET MANAGEMENT GROUP FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name W. JOSEPH THOMPSON Street Address (P.O. Box Number is Not Acceptable) 5910 TRAILWINDS DR. #422 City FORT MYERS FL Zip Code 33907		
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		W. JOSEPH THOMPSON, PRESIDENT		03-05-2008	
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	TD SCHNEIDER, PAUL 5970 TRAILWINDS # 111 FORT MYERS, FL 33907	<input checked="" 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	PD CREEM, MAT 5850 TRAILWINDS #715 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA CREEM 5850 TRAILWINDS DR. #715 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, BURT 5810 TRAILWINDS DR # 916 FORT MYERS, FL 33907	<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	SD HUBER, RONI 5870 TRAILWINDS DR # 622 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERONICA HUBER 5870 TRAILWINDS DR. #622 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, JOE 5910 TRAILWINDS #422 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD W. JOSEPH THOMPSON 5910 TRAILWINDS DR. #422 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL GEE 5910 TRAILWINDS DR. #415 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" 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:		VERONICA HUBER		03-05-2008 (239) 936-7679	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	