FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90050 045 ****61.25

DOCUMENT # N27380

1. Corporation Name

GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION OF BRE VARD, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779-5044 US	2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779-5044 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/12/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2948094 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434. SUITE 5000
LONGWOOD FL 32779-5044

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHN E III		1.2 NAME		
STREET ADDRESS	1660 PGA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FARACE, RICHARD		2.2 NAME		
STREET ADDRESS	1633 PGA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHRIES, MARY JO		3.2 NAME		
STREET ADDRESS	1723 PGA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRECO, EILEEN A		4.2 NAME		
STREET ADDRESS	1784 NICKLUAS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DROPESKI, CYNTHIA R		5.2 NAME		
STREET ADDRESS	1609 PGA BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	PORCELLA, THOMAS W		6.2 NAME	BOVIO, ANTHONY J	
STREET ADDRESS	1696 PGA BLVD		6.3 STREET ADDRESS	1721 PINE VALLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32935		6.4 CITY-ST-ZIP	MELBOURNE FL 32935	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen A Greco SIGNATURE REQUIRED EILEEN GRECO 03-25-99 407-242-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)