FILED

03-30-2001 90338 040 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N27380**

1. Entity Name

## GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION OF BRE

Principal Place of Business Mailing Address 2180 WEST SR 434. SUITE 5000 2180 WEST SR 434, SUITE 5000 735161 LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2948094 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434. SUITE 5000 Zip Code LONGWOOD FL 32779-5044 FL 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Change X Addition Delete VD NAME REYNOLDS, DOUGLAS NAME DECARO JR. ANTHONY 1606 PGA BLVD MELBOURNE FL 32935 STREET ADDRESS STREET ADDRESS 1788 NICKLAUS DR CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 Delete TITLE TITLE Change X Addition HUMPHREYS, JEFFREY 1707 PGA BLVD NAME DONELSON, ROGER NAME STREET ADDRESS 1717 PGA BLVD STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 TITLE STD ☐ Delete TITLE Change X Addition VITALIANO, ROBERT 1690 PGA BLVD MELBOURNE FL 32935 GRECO, EILEEN A NAME NAME STREET ADDRESS STREET ADDRESS 1784 NICKLUAS DR CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change TITLE X Delete TITLE ☐ Addition **BOVIO, ANTHONY J** NAME STREET ADDRESS STREET ADDRESS 1721 PINE VALLEY DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** TITLE X Delete ☐ Change . ☐ Addition NAME SULLIVAN, BOB NAME

12. 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

1691 PGA BLVD

EMERSON, MIKE

1689 PGA BLVD

**MELBOURNE FL 32935** 

**MELBOURNE FL 32935** 

Delete

ileen A. Greco

X Change

☐ Addition