

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90069 013 ****61.25

DOCUMENT # N27380 1. Entity Name GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 1788 NICKLAUS DRIVE MELBOURNE, FL 32935 US			Mailing Address 1788 NICKLAUS DRIVE MELBOURNE, FL 32935 US		
2. Principal Place of Business 1788 Nicklaus Suite, Apt. #, etc.			3. Mailing Address 582 Hwy A1A Suite, Apt. #, etc.		
City & State Melbourne, FL		City & State Satellite Beach, FL		4. FEI Number 59-2948094	
Zip 32935		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHREY, GAYLE % DANIEL AGENT 1617 COOLING STREET MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Victoria Prokop Street Address (P.O. Box Number is Not Acceptable) 582 Hwy A1A City Satellite Beach FL Zip Code 32937	
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 <u><i>Victoria Prokop</i></u> Victoria Prokop <u><i>4-9-04</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D DYSINCER, JOHN 1706 PGA BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. Dysinger, John 1706 PGA Blvd. Melbourne, FL 32935	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONELSON, ROGER 1717 PGA BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corelli, Eileen 1604 PGA Blvd. Melbourne, FL 32935	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORELLI, EILEEN 1604 PGA BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Esposito, John 1710 PGA Blvd Melbourne, FL 32935	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPOSITO, JOHN 1710 PGA BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry McCrea 1612 PGA Blvd. Melbourne, FL 32935	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARO, ANTHONY JR 1606 PGA BLVD MELBOURNE, FL 32935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry McCrea 1612 PGA Blvd. Melbourne, FL 32935	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARO, ANTHONY JR 1606 PGA BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry McCrea 1612 PGA Blvd. Melbourne, FL 32935	☐ Change ☒ Addition
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.					
SIGNATURE: <u><i>Eileen Corelli</i></u> Eileen Corelli				Date <u><i>4-12-04</i></u> 321-254-4122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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