2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

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NAME

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1604 PGA BLVD

ESPOSITO, JOHN

MCCREA, TERRY

1612 PGA BLVD.

1710 PGA BLVD

MELBOURNE, FL 32935

MELBOURNE, FL 32935

MELBOURNE, FL 32935

Secretary of State **DOCUMENT # N27380** 04-13-2005 90050 006 ****61.25 GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION OF BREVARD, INC. Principal Place of Business Mailing Address 1788 NICKLAUS DRIVE 582 HWY A1A MELBOURNE, FL 32935 SATELLITE BEACH, FL 32937 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2948094 City & State City & State Applied For Not Applicable Zio Country Zin Country \$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 PROKOP, VICTORIA Street Address (P.O. Box Number is Not Acceptable) **582 HWY A1A** SATELLITE BEACH, FL 32937 City Zip Code 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 **\$5.00** May Be Make check payable to 9. Election Campaign Financing 'Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 DV MILE Delete TITLE D **FIG.** Addition Haapala, Marty 1665 PGA Blud DYSINGER, JOHN NAME NAME STREET ADDRESS 1706 PGA BLVD STREET ADDRESS melbourne, FL. 32935 MELBOURNE, FL 32935 CITY-ST-70 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DONELSON, ROGER NAME STREET ADDRESS 1717 PGA BLVD STREET ADDRESS CITY-ST-71P MELBOURNE, FL 32935 CITY-ST-ZIP Addition me Delete MIF ☐ Change 1606 DGA Blud NAME CORELLI, EILEEN NAME

FILED Apr 13, 2005 8:00 am

CITY-ST-ZIP CITY-ST-ZIP melbournes Fr. 32935 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 with all other like empowered.

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Joe Greco 1784 Nicklaus Dr.

Esposito, John

MCCREA, TESTY

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05 08 2005 321-254-6289 G OFFICER OR DIRECTOR