

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 025 ****61.25

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01202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N37789 1. Entity Name GREENBRIER A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 203 GREENBRIER "A" WEST PALM BEACH, FL 33417-2387 US			Mailing Address 203 GREENBRIER "A" WEST PALM BEACH, FL 33417-2387 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 110 Greenbrier A Suite, Apt. #, etc.			
City & State Zip Country		City & State West Palm Beach, FL Zip Country 33417 Palm Beach		4. FEI Number 59-1561074 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SPUND, JACK PRES. 203 GREENBRIER A WEST PALM BEACH, FL 33417	
7. Name and Address of New Registered Agent Name Jeanette Veglia Street Address (P.O. Box Number is Not Acceptable) 110 Greenbrier A City West Palm Beach FL Zip Code 33417				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 Jeanette Veglia Jeanette Veglia 2-8-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	VP VEGLIA, JEANETTE 110 GREENBRIER A WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Veglia, Jeanette 110 Greenbrier A West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUPSICK, HELEN 413 GREENBRIER A WEST PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Messina, Carol 411 Greenbrier A West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESSINA, CAROL 411 GREENBRIER A WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Messina, Carol 411 Greenbrier A West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Jeanette Veglia Jeanette Veglia 2-8-2006 561 687-7834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					