

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46286

1. Entity Name

GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90005 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7400 SPRING HILL DR.  
#111  
SPRING HILL FL 34606

7400 SPRING HILL DR.  
#111  
SPRING HILL FL 34606-4395

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBRA D FORBES  
7400 SPRING HILL DR #119  
SPRING HILL FL 34606

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TORNABENE, CHARLES  
STREET ADDRESS 7400 SPRINGHILL DR. #219  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VP-D ☐ Change ☒ Addition  
NAME LORRAINE Scheive  
STREET ADDRESS 7400 Spring Hill Dr. # 104  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE TD ☐ Delete  
NAME FORBES, DEBRA D  
STREET ADDRESS 7400 SPRINGHILL DR. #119  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME RONALD G FORBES  
STREET ADDRESS 7400 SPRING HILL DR #119  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MARIE J NOCILLA  
STREET ADDRESS 7400 SPRING HILL DR #115  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME PETER P NARDELLI  
STREET ADDRESS 7400 SPRING HILL DR #211  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASD ☐ Delete  
NAME ELEANORE A DEMAURO  
STREET ADDRESS 7400 SPRING HILL DR #116  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

2-1-00

(352) 686-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)