2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am

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DOCUMENT # N46286 1. Entity Name GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.							0058 015 ****6	
Principal Place		Mailing Address	*		7 -			
7400 SPRING HILL DR. #111		7400 SPRING HILL DR. #111						
SPRING HILL, FL 34606		SPRING HILL, FL 34606						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282007 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-211024	13	 	pplied For lot Applicable
Zip Country		Zip Country			5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Requir	
_ '	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	iress of New Re	gistered Agent	
DEBRA D 7400 SPRI UNIT 119	FORBES NG HILL DRIVE		Frank	noklin & Company Property Maryusement, LLC BLACKIBES (P.O. Box Number is Not Acceptable)				
	ILL, FL 34606		4316 10			we		
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	named entity submits this statement for	r the purpose of changing its re	gistered office or	re d ister	ed agent, or both, in	the State of Flori	ida. I am familiar with	, and accept
SIGNATURE .	Cark Lucy						2/28/07	,
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signati	ure required	when reinstating)	····	DATE	
	Signature, upod or printed naile of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	aign Financing	ure required	\$5.00 May Be Added to Fees	1	DATE ke check payable da Department of S	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be Added to Fees	Florid		State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	aign Financing ntribution.		\$5.00 May Be Added to Fees	Florid	da Department of S	State
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF PD TORNABENE, CHARLES 7400 SPRING HILL DR., #219	9. Election Camp Trust Fund Co	naign Financing ntribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Florid	S AND DIRECTORS I	State N 10
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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:

| SIGNATURE | SIGNATURE | SIGNATURE | Date | Daytime Prome **