


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90132 013 \*\*\*\*61.25

<b>DOCUMENT # N46286</b> 1. Entity Name <b>GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.</b>					
Principal Place of Business <b>7400 SPRING HILL DR. #111 SPRING HILL, FL 34606</b>			Mailing Address <b>7400 SPRING HILL DR. #111 SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRANKLIN &amp; COMPANY MANAGEMENT, LLC DEBRA PERRICONE 4316 LAMSON AVENUE SPRING HILL, FL 34608</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TORNABENE, CHARLES</b> <b>7400 SPRING HILL DR., #219</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>LAVELLE, MARY</b> <b>7400 SPRINGHILL DR., #215</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>Lavelle, Mary</b> <b>7400 Spring Hill Drive #215</b> <b>Spring Hill, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <b>SANFORD, MARIA</b> <b>7400 SPRING HILL DR., #217</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>Sanford, Maria</b> <b>7400 Spring Hill Drive #217</b> <b>Spring Hill, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MAURER, NINA</b> <b>7400 SPRING HILL DR., #218</b> <b>SPRING HILL, FL 34606</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>Pistrutto, Joseph</b> <b>7400 Spring Hill Drive #106</b> <b>Spring Hill, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ARENA, MARIO</b> <b>7400 SPRING HILL DR #109</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>VP</b> <b>Arena, Mario</b> <b>7400 Spring Hill Drive #109</b> <b>Spring Hill, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD <b>DETARLIA, VINCENT</b> <b>7400 SPRINGHILL DR #216</b> <b>SPRING HILL, FL 34606</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Eleonor De Mauro</b> <b>7400 Spring Hill Drive #116</b> <b>Spring Hill, FL 34606</b>
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.					
<b>SIGNATURE: <i>Charles Tornabene</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>4-22-08</b> Date	
Daytime Phone #					