2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N93000001522

Entity Name: GREENBRIER AT INDIAN CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% PRIDE PROP. MANAGEMENT
PO BOX 1129
JUPITER, FL 33458 US

New Principal Place of Business:

AMD MANAGEMENT SERVICES, LLC
601-A PINECREST CIRCLE
JUPITER, FL 33458 US

Current Mailing Address:

P.O. BOX 1129
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-0438679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMANN, KATHLEEN A
601 A PINECREST CIR
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRANGE, ROBERT
Address: 103 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: VPD ( ) Delete
Name: GRANDA, DON
Address: 151 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete
Name: YANCSURAK, WES
Address: 139 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: SD ( ) Delete
Name: MEADOWS, ROBIN
Address: 138 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: GIARDINI, JOANNE
Address: 134 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GILLESPIE, SANDRA
Address: 115 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: TD (X) Change ( ) Addition
Name: MEADOWS, ROBIN
Address: 138 BRIER CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STANGE PRES 03/09/2009
Electronic Signature of Signing Officer or Director Date