

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005741

FILED
Apr 11, 2008
Secretary of State

Entity Name: GREENBROOK VILLAS PHASE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3508531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: SD () Delete
Name: PRIETO, MARIO
Address: 735 N THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: PRIETO, RAFAEL M
Address: 735 N THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: PIERMONT, SUNIA
Address: 735 N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AREVALO, CATALINA
Address: 1242 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: KUZIV, CAROLYN
Address: 1226 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: SD (X) Change () Addition
Name: POOLE, BARIKA
Address: 1246 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: D () Change (X) Addition
Name: FERGUSON, AMY
Address: 1228 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

Title: D () Change (X) Addition
Name: OHALLORAN, MICHAEL
Address: 1264 N FAIRWAY DR
City-St-Zip: APOPKA, FL 32712

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: CATALINA AREVALO

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date