

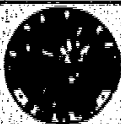
FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706563 (4)

1. Corporation Name
GREENBRIAR CLUB INC

Principal Place of Business Mailing Address
**2013 GREENBRIAR BLVD.
CLEARWATER FL 34623**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1983** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-6169562** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HUBBARD, JOHN G., ATTORNEY AT LAW
595 MAIN STREET
DUNEDIN FL 34696**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when nonrelating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ROBERT D	1.2 NAME	Smith, David S.
STREET ADDRESS	2335 SURREY LANE	1.3 STREET ADDRESS	2135 Bramblewood S
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	VP	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID	2.2 NAME	Scatko, George
STREET ADDRESS	2135 BRAMBLEWOOD S.	2.3 STREET ADDRESS	2045 Scotland Dr.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	VP	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, PAT	3.2 NAME	Stevens, Louise
STREET ADDRESS	2324 SURREY LANE	3.3 STREET ADDRESS	2175 Scotland Dr.
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGENZO, JOSEPH	4.2 NAME	Carmen, William
STREET ADDRESS	2051 HILLWOOD DRIVE	4.3 STREET ADDRESS	2003 Greenbriar Blvd.
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLARENCE	5.2 NAME	Harris, Nadine
STREET ADDRESS	2148 BRAMBLEWOOD DR. N.	5.3 STREET ADDRESS	2049 Scotland Dr.
CITY-ST-ZIP	CLEARWATER, FL 00000	5.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	T	6.1 TITLE	Andrew T. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROESBECK, NANCY	6.2 NAME	Stumpf, Andrew
STREET ADDRESS	2001 GREENBRIAR BLVD., #12	6.3 STREET ADDRESS	2320 Surrey Ln.
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater, FL 34623

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David S. Smith President Date: 4/13/95 Daytime Phone #: 733-2844