

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706563

1. Corporation Name
GREENBRIAR CLUB INC

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

Mailing Address
**2013 GREENBRIAR BLVD.
 CLEARWATER FL 34623**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/17/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6169592	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUBBARD, JOHN G., ATTORNEY AT LAW 595 MAIN STREET DUNEDIN FL 34698				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	James Worman	
NAME	SCATKO, GEORGE		1.2 NAME	2543 Redwood Ct.	
STREET ADDRESS	2045 SCOTLAND DRIVE		1.3 STREET ADDRESS	Clearwater, FL 33763	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	HANSEN, CARL		2.2 NAME		
STREET ADDRESS	2429 RUTLAND LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Carlson Craig	
NAME	CARLSON, CRAIG		3.2 NAME	2580 Redwood Cir.	
STREET ADDRESS	2580 REDWOOD CIR		3.3 STREET ADDRESS	Clearwater, FL 33763	
CITY-ST-ZIP	CLEARWATER FL 33763		3.4 CITY-ST-ZIP		
TITLE	Tr	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Trasser, Stanley	
NAME	MACQUARRIE, JAMES		4.2 NAME	2162 Timber Lane	
STREET ADDRESS	2151 SCOTLAND DRIVE		4.3 STREET ADDRESS	Clearwater, FL 33763	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	Tr	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Wurmle, Mary	
NAME	WORMAN, JAMES		5.2 NAME	2171 Pine Ridge Dr.	
STREET ADDRESS	2543 REDWOOD CR		5.3 STREET ADDRESS	Clearwater, FL 33763	
CITY-ST-ZIP	CLEARWATER FL 33763		5.4 CITY-ST-ZIP		
TITLE	Tr	<input type="checkbox"/> DELETE	6.1 TITLE		
NAME	WORTHEN, ROBERT		6.2 NAME		
STREET ADDRESS	2105 BRAMBLEWOOD SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL HANSEN 1/10/99 727-734-9097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)