

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710668 (5)

1. Corporation Name
GREENBRIER ASSOCIATION, INC.,



Principal Place of Business Mailing Address
50 CELESTIAL WAY JUNO BEACH FL 33408

3. Date Incorporated or Qualified **04/05/1966** 3a. Date of Last Report **05/16/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1160446	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip		Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24		29		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**AYERS, ALBERT I.
3840 CARNATION CIRCLE
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name **MARY S HOPKINS, CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **784 U.S. HIGHWAY 1, SUITE 11**
83
84 City **NORTH PALM BEACH** FL 85 Zip Code **33408**

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 *Mary S Hopkins* **MARY S. HOPKINS, CPA** 3-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LECT, VIRGINIA	1.2 NAME	MARY ELLEN LEAHY
STREET ADDRESS	50 CELESTIAL WAY	1.3 STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH, FL 00000	1.4 CITY-ST-ZIP	JUNO BCH, FL 33408
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONACHELLA, JO	2.2 NAME	DENISE WICKELL
STREET ADDRESS	50 CELESTIAL WAY	2.3 STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH, FL 00000	2.4 CITY-ST-ZIP	JUNO BCH, FL 33408
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, RUTH	3.2 NAME	DOROTHEA REAVES
STREET ADDRESS	50 CELESTIAL WAY	3.3 STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH, FL 00000	3.4 CITY-ST-ZIP	JUNO BCH, FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDININKAS, FRANK	4.2 NAME	
STREET ADDRESS	50 CELESTIAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, FRANCES	5.2 NAME	T
STREET ADDRESS	50 CELESTIAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, BABS	6.2 NAME	
STREET ADDRESS	50 CELESTIAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH, FL 00000	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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.

SIGNATURE: *Frances B. Wolf* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)