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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710668 (5)

1. Corporation Name
GREENBRIER ASSOCIATION, INC.,



Principal Place of Business 50 CELESTIAL WAY JUNO BEACH FL 33408	Mailing Address 50 CELESTIAL WAY JUNO BEACH FL 33408-2373
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1160446	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 04/05/1966	3a. Date of Last Report 04/15/1996
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

**HOPKINS, MARY S CPA
 784 US HWY A SUITE 11
 N PALM BCH FL 33408**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	LEAHY, MARYELLEN	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	CONACHELLA, JO	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	S	<input type="checkbox"/>
NAME	WICKELL, DENISE	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	REAVES, DOROTHEA	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	WOLF, FRANCES	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE		<input checked="" type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	VP	<input checked="" type="checkbox"/>
1.2 NAME	Fuhrer, William	
1.3 STREET ADDRESS	50 Celestial Way	
1.4 CITY-ST-ZIP	Juno Bch, FL 33408	
2.1 TITLE	T	<input checked="" type="checkbox"/>
2.2 NAME	Bach, Hardy	
2.3 STREET ADDRESS	50 Celestial Way	
2.4 CITY-ST-ZIP	Juno Bch, FL 33408	
3.1 TITLE	D	<input checked="" type="checkbox"/>
3.2 NAME	Rosler, Art	
3.3 STREET ADDRESS	50 Celestial Way	
3.4 CITY-ST-ZIP	Juno Bch, FL 33408	
4.1 TITLE	D	<input checked="" type="checkbox"/>
4.2 NAME	Goldrick, Tom	
4.3 STREET ADDRESS	50 Celestial Way	
4.4 CITY-ST-ZIP	Juno Bch, FL 33408	
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

Maryellen Leahy 7/15/97 126 2725

CR2E037 (9/96)