

FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 Mailing Address
**50 CELESTIAL WAY
JUNO BEACH FL 33408** **50 CELESTIAL WAY
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified 04/05/1966		
4. FEI Number 59-1160446	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 **Mary S Hopkins, CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
9121 N. MILITARY TRAIL
83 **SUITE 222**
84 City **PALM BEACH GARDENS** FL 85 Zip Code **33410**

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		DELETED
TITLE	LEAHY, MARYELLEN	<input checked="" type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BCH FL	
CITY-ST-ZIP		
TITLE	FUHRER, WILLIAM	<input type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BCH, FL 00000	
CITY-ST-ZIP		
TITLE	WICKELL, DENISE	<input checked="" type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BCH FL	
CITY-ST-ZIP		
TITLE	BACH, HARRY	<input type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BCH FL	
CITY-ST-ZIP		
TITLE	ROSSLER, ART	<input type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BCH, FL 00000	
CITY-ST-ZIP		
TITLE	GOLDRICK, TOM	<input checked="" type="checkbox"/>
NAME	50 CELESTIAL WAY	
STREET ADDRESS	JUNO BEACH FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	SECRETARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	VIRGINIA LEET		
1.3 STREET ADDRESS	SAME		
1.4 CITY-ST-ZIP			
2.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ANDREA SIMILER		
2.3 STREET ADDRESS	SAME		
2.4 CITY-ST-ZIP			
3.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	HARMON MULBAR		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	BILL KOLLMER		
4.3 STREET ADDRESS	SAME		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *Arthur Rossler*

CR2E037 (10/97)