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Apr 01 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 # 717196 (0)
 1. Corporation Name
GREENBRIAR CONDOMINIUM APARTMENTS III ASSOCIATION, INC.



Principal Place of Business C/O CMC 4175 EAST BAY DR STE 205 CLEARWATER FL 34624	Mailing Address C/O CMC 4175 EAST BAY DR STE 205 CLEARWATER FL 34624-6977
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3. Date Incorporated or Qualified 09/17/1969	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1382416	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GARVIN, GARVIN 2005 GREENSBRIAR BLVD #16 CLEARWATER FL 34623	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 NAME STREET ADDRESS CITY - ST - ZIP	D GEORGIA, SCHLOHMAN 2005 GREENBRIAR BLVD #16 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOSS, JAMES T. 2005 GREENBRIAR BLVD #03 CLEARWATER FL 34615	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARVIN, MARGARET 2005 GREENBRIAR BV 12 CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELLISON, BRUCE 2005 GREENBRIAR BLVD #12 SAFETY HARBOR FL 34695	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Treasurer D Robert Atkins 2005 GreenBriar Blvd Clearwater, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMMERER, JOHN RR 3 BOX 166A BENTON PA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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.

SIGNATURE: *Margaret M. Garvin* **REQUIRED** 3/12/97 734-7769
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067668

CR2E037 (9/96)