

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 025 ****61.25

DOCUMENT # 717196 1. Entity Name GREENBRIAR CONDOMINIUM APARTMENTS III ASSOCIATION, INC.					
Principal Place of Business C/O CMC 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764 US			Mailing Address C/O CMC 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1382416	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARVIN, MARGARET 2005 GREENSBRIAR BLVD #16 CLEARWATER, FL 34623				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGIA, SCHLOHMANN		NAME	Same	
STREET ADDRESS	2005 GREENBRIAR BLVD #16		STREET ADDRESS	Same	
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP	Same	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSS, JAMES		NAME	Same	
STREET ADDRESS	2005 GREENBRIAR BLVD #03		STREET ADDRESS	Same	
CITY-ST-ZIP	CLEARWATER, FL 34615		CITY-ST-ZIP	Same	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARVIN, MARGARET		NAME	Same	
STREET ADDRESS	2005 GREENBRIAR BV 12		STREET ADDRESS	Same	
CITY-ST-ZIP	CLEARWATER, FL 34615		CITY-ST-ZIP	Same	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMMERER, JOHN		NAME	Same	
STREET ADDRESS	RR 3 BOX 166A		STREET ADDRESS	Same	
CITY-ST-ZIP	BENTON, PA		CITY-ST-ZIP	Same	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, RICHARD		NAME		
STREET ADDRESS	2005 GREENBRIAR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 34615		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORSON, BETTY		NAME	Same	
STREET ADDRESS	2005 GREEN BRIAR BLVD., #10		STREET ADDRESS	Same	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	Same	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margaret M. Garvin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/31/04 Daytime Phone # 727 734-7769		