

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750308 (9)

1. Corporation Name

GREENBRIAR OF BROWARD COUNTY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% MIKE MANGURIAN
5970 N.E. 18TH AVE., STE. #711
FT. LAUDERDALE FL 33334

% MIKE MANGURIAN
5970 N.E. 18TH AVE., STE. #711
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1979

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1115940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEUSCHLE, BRIAN C.
888 SE 3RD AVENUE, SUITE 300
FT. LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MANGURIAN, PIERCE
STREET ADDRESS	P.O. Box 99
CITY - ST - ZIP	MARBLE FALLS TX
TITLE	VDST
NAME	MANGURIAN, MICHAEL
STREET ADDRESS	3015 NW 58TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SCHENK, JOHN
STREET ADDRESS	302 8 ST S310
CITY - ST - ZIP	GLENWOOD SPRINGS CO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PO	☒ Change ☐ Addition
12 NAME	mangurian, Pierce	
13 STREET ADDRESS	P.O. Box 3460	
14 CITY - ST - ZIP	Pagosa Springs, CO 81147	(N/A)
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I certify that the information indicated on this annual report or supplemental annual report is true and correct and 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:

Michael S. Mangurian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-95 (305) 772 8686
Date Telephone

REMITTED BY MAY 1