

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **752663** (5)

1. Corporation Name

GREENBRIAR VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3830
SEBRING FL 33871

P.O. BOX 3830
SEBRING FL 33871

3. Date Incorporated or Qualified

05/28/1980

4. FEI Number

59-2212874

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3107 MONTE AL**

26 **3107 MONTE AL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **SEBRING FL**

28 **SEBRING FL**

Zip

Country

Zip

Country

24 **33872**

25 **HIGHLANDS**

29 **33872**

30 **HIGHLANDS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOND, ANNE
2206 SUNRISE DRIVE
P.O. BOX 3830
SEBRING FL 33870

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 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

P. R. Olsen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, EVA	
STREET ADDRESS	38 LINSTEDT STREET	
CITY-ST-ZIP	SAULT STE.MARIE,ONTARI	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OCHMAN, STAFIE	
STREET ADDRESS	52 KENT AVENUE	
CITY-ST-ZIP	SAULT STE.MARIE,ONTARI	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, HARRY	
STREET ADDRESS	39 VALHALLA PLACE	
CITY-ST-ZIP	SAULT STE. MARIE, ONT., CAN.	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, RAY	
STREET ADDRESS	3651 EDGEWATER DR	
CITY-ST-ZIP	SEBRING FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	RAMSEY RUSS
5.4 CITY-ST-ZIP	23 PARKS AVE

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	ALLEN, MARY H.
6.4 CITY-ST-ZIP	R.R. #5 BOX 5431

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:

IGNATIUS CHAMBERLAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056406

CR2E037 (10/97)