1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 752663

1. Corporation Name

GREENBRIAR VILLAS CONDOMINIUM OWNERS' ASSOCIATIO N, INC.

Principal Place of Busin	16
3107 MONZA DR	
SEBRING FL 33872	
110	

Mailing Address

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90076 037 ****61.25



3107 MONZA E SEBRING FL 33 US		3107 MONZA DR SEBRING FL 33872 US						
21	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed 05/28/1980 FEI Number		uliad Fan
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-2212874	⊢	plied For t Applicable
City & State	e	City & State				5. Certificate of Status Desired	\$8.75 A	
Zip	Country 25	Zip 3	Countr	у		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
	9. Name and Address of Current	Registered Agent	8	4 N	lame	10. Name and Address of New Registere	d Agent	
			<u> </u>	1				_
BOND, AN			8:	2 S	itreet Addre	ess (P.O. Box Number is Not Acceptable)		
P.O. BOX	IRISE DRIVE 3830		8:	3			_	
SEBRING			8	4 C	City		L 85 Zip (Code
~6E	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Flonda. Such change was autions of, Section 617.0503, Florid	norized by la Statute	y tne is.	corporatio	pration submits this statement for the purpose in should of directors. I hereby accept the appropriate the statement of the purpose in should be purposed in the purpose of	of changing its pointment as re	registered gistered
12.	Signature, typed or printed name of registered agent OFFICERS ANI	<u> </u>	13.	en ir siğ	riaculo respuned	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	0 -	☐ DELETE	1.1 TITLE		D	3	€Change	☐ Addition
NAME	RAMSEY, RUSS		1.2 NAME	:		tu, Aussir		
STREET ADDRESS	23-PARKSHORE		1.3 STRE	ET ADI	DRESS 102	L STOWE HEDGE		
CITY-ST-ZIP	SAINT STE MARIE ON-		1.4 CITY-		Fa	WEFULT, KY 4060 (Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	
NAME	OCHMAN, STAFIE		2.2 NAME		OBEEC			
STREET ADDRESS	52 KENT AVENUE		2.3 STRE 2. 4 CITY					
CITY-ST-ZIP	SAULT STE.MARIE,ONTARI	☐ DELETE	3.1 TITLE		<i>I</i>	1, , , , , , , , , , , , , , , , , , ,	_ Change	Addition
NAME	SCOTT. HARRY		3.2 NAME			·		
STREET ADDRESS	AA		3.3 STRE	ET AD	ORESS			}
CITY-ST-ZIP	SAULT STE. MARIE, ONT., CAN		3.4. CITY	-ST-ZI	iP ·			
TITLE	PD	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	SMITH, RAY			_	1	•		
STREET ADDRESS			4. 2 NAM		ļ	·		ļ
	3651 EDGEWATER DR		4.3 STRE	ET AD		·		ļ
CITY-ST-ZIP	3651 EDGEWATER DR SEBRING FL	□ DELETE	4.3 STRE 4.4 CITY-	ET ADI			Change	Addition
TITLE	3651 EDGEWATER DR SEBRING FL D	☐ DELETE	4.3 STRE	ET ADI		<u>. </u>	Change	Addition
TITLE NAME	3651 EDGEWATER DR SEBRING FL D ALLEN, MARY H	☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE	ET ADI - ST- ZH	p	· 	Change	☐ Addition
TITLE NAME STREET ADDRESS	3651 EDGEWATER DR SEBRING FL D ALLEN, MARY H RR #5 BOX 5431	☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADI	P ORESS			
TITLE NAME	3651 EDGEWATER DR SEBRING FL D ALLEN, MARY H	☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ET ADI -ST-ZII : : EET AD: -ST-ZII	P ORESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3651 EDGEWATER DR SEBRING FL D ALLEN, MARY H RR #5 BOX 5431		4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ET ADI - ST-ZH - - - - - ST-ZH	P ORESS P			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR