

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03988** (5)

1. Corporation Name  
**GREENBRIAR OF CITRUS HILLS OWNERS' ASSOCIATION, INC.**



Principal Place of Business: 2424 N ESSEX AVE, P.O. BOX 1630, HERNANDO FL 34442 US  
Mailing Address: 2424 N ESSEX AVE, P.O. BOX 1630, HERNANDO FL 34442 US

3. Date Incorporated or Qualified: 07/02/1984  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2501605  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No [ ]

9. Name and Address of Current Registered Agent  
**COX, ALVAH L. J CPA  
2424 N. ESSEX AVE.  
HERNANDO FL 34442**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CURRY, HILTON	
STREET ADDRESS	333 E HARTFORD ST	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VENCEZIA, MARIO	
STREET ADDRESS	156 E GLASSBORO CT	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	218 E. HARTFORD ST.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWANSON, PATRICIA	
STREET ADDRESS	261 E. HARTFORD ST.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, JACOBUS	
STREET ADDRESS	115 E HARTFORD ST	
CITY-ST-ZIP	HERNANDO FL	
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 checked="" type="checkbox"/> Addition
2.2 NAME	D JUNE THOMPSON
2.3 STREET ADDRESS	115 E. HARTFORD ST, 2A
2.4 CITY-ST-ZIP	HERNANDO, FL 34442
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 NANCY DEYESO
5.3 STREET ADDRESS	270 E. GLASSBORO, 3B
5.4 CITY-ST-ZIP	HERNANDO, FL 34442
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X *Patricia A. Swanson* X 2/27/96 904-746-0477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)