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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/02/1984	
4. FEI Number 59-2501605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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	SD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JUNE	
STREET ADDRESS	115 E. HARTFORD STREET SUITE 2A	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" 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	TD	<input type="checkbox"/> DELETE
NAME	DEYESO, NANCY	
STREET ADDRESS	270 E GLASSBORO 3B	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D FRED TODD
3.3 STREET ADDRESS	303 E. HARTFORD ST, UNIT #5A
3.4 CITY-ST-ZIP	HERNANDO, FL 34442
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Patricia M. Swanson* **PATRICIA SWANSON 3/12/98 352-746-0477**

CR2E037 (10/97)