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95 APR 24 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N12909 (0)
1. Corporation Name
GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2619 GULF TO LAKE HWY
INVERNESS FL 32650** **2619 GULF TO LAKE HWY
INVERNESS FL 32650**

3. Date Incorporated or Qualified **01/08/1996** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2582473** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes **400**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
34453 **34453**

9. Name and Address of Current Registered Agent
**RIGNEY, JOSEPH
2619 E GULF TO LAKE HWY
INVERNESS FL 34453**

10. Name and Address of New Registered Agent
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 JOSEPH RIGNEY DATE 4/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERIN, GLORIA
STREET ADDRESS	651 E HARTFORD ST
CITY - ST - ZIP	HERNANDO FL
TITLE	D
NAME	STAPLES, DAVID
STREET ADDRESS	810 E GILCHRIST CT
CITY - ST - ZIP	HERNANDO FL
TITLE	TD
NAME	LONGTIN, ROBERT
STREET ADDRESS	1535 N. ANAPOLIS AVE.
CITY - ST - ZIP	HERNANDO FL
TITLE	S
NAME	KIRK, DORIS
STREET ADDRESS	2328 ST JOHN'S POINT
CITY - ST - ZIP	HERNANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FORBUSH, CHET
3.3 STREET ADDRESS	478 W. HAMBLETONIAN DRIVE
3.4 CITY - ST - ZIP	INVERNESS, FL 34453
4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	INGORSOLL, CHARLOTTE
4.3 STREET ADDRESS	681 E. HARTFORD ST.
4.4 CITY - ST - ZIP	HERNANDO, FL 34442
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILSON, DAVID A.
5.3 STREET ADDRESS	715 E. HARTFORD ST.
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Sterin GLORIA STERIN 4/15/95 904-344-4166
Signature and typed or printed name of signing officer or director Date Daytime Phone #