

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12909 (0)**  
1. Corporation Name  
**GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2619 GULF TO LAKE HWY INVERNESS FL 34453 US</b>	Mailing Address <b>2619 GULF TO LAKE HWY INVERNESS FL 34453-3216 US</b>
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3. Date Incorporated or Qualified <b>01/08/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 3798 E. Gulf to Lake Hwy</b>	2a. Mailing Address <b>26 3798 E. Gulf to Lake Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-2582473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERIN, GLORIA	1.2 NAME	
STREET ADDRESS	651 E HARTFORD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, DAVID	2.2 NAME	
STREET ADDRESS	810 E GILCHRIST CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBUSH, CHET	3.2 NAME	
STREET ADDRESS	478 N. HAMBLETONIAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCVEENEY, JOHN F.	4.2 NAME	<b>3</b>
STREET ADDRESS	681 E. HARTFORD ST	4.3 STREET ADDRESS	<b>INGERSOLL, HERMAN</b>
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	<b>681 E. HARTFORD ST. HERNANDO, FL 34442</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID A.	5.2 NAME	
STREET ADDRESS	715 E. HARTFORD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)