FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address		T 1981)Let det tibte tiete nete sein enen eter eint esem eint eint eint ein	•
3798 E GULF TO LAKE HWY 9798 E GULF TO LAKE HWY INVERNESS FL 34453 US US				3. Date Incorporated or Qualified 01/08/1986 4. FEI Number Applied For	\neg
				59-2582473 Not Applicat	ble
2. Principal Pl	ace of Business N, Puride Ave.	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.		Suite Apt. #, etc	15	6. Election Campaign Financing Trust Fund Contribution Added to Fees	
City & State	and Pl	City & State	(\(\tau \)	7. Is this nonprofit corporation a homeowners association? Yes No	
Ziga	Country 2	Zip 30	Country	8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30.	- 1
24 744	9. Name and Address of Current	11	<u> </u>	10. Name and Address of New Registered Agent	ᅱ
	5. 144110 4110 1100 1100 1100 1100		61 Name		コ
RIGNEY, JOSEPH 2619 E GULF TO LAKE HWY			82 Street A	Address (P.O. Box Number is Not Acceptable)	
			83	OD. FLORIOF ME.	
INVERN	33 FL 34459			11E #3	
			84 City	NUANOO FL 85 Zip Code 34442	<u>, </u>
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named of	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	ed
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida. Such change was aut ions of, Section 617.0503, Floric	norized by the corpo da Statutes.	poration's poard of directors. I hereby accept the appointment as registered	
SIGNATURE	JOSEPH W. PI	GNEY		9//3 <i>MY</i>	
	Signature, typed or printed name of registered agen OFFICERS AND		legistered Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	Change Addit	tion
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	☐ DELETE	2.1 TITLE	Change L Addit	iion
NAME	STAPLES, DAVID		2.2 NAME		
STREET ADDRESS	810 E GILCHRIST CT		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	HERNANDO FL	D DELETE	2. 4 CITY - ST - ZIP	☐ Change	tion
TITUE	FORTHOLD OUT	DELETE	3.1 TITLE	6 mal - 14 13000	IOII
NAME	FORBUSH, CHET	<u>•</u>	3.2 NAME 3.3 STREET ADORESS	771 E. HARTFORD ST.	
STREET ADDRESS	478 N. HAMBLETONIAN DRIVI INVERNESS FL	•		thereing B. SINVI	
CITY-ST-ZIP TITLE	S S	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addit	tion
NAME	INGERSOLL, HERMAN		4. 2 NAME	_ , .	
STREET ADDRESS	681 E. HARTFORD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		4.4 CiTY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addi	tion
NAME	WILSON, DAVID A.		5.2 NAME		
STREET ADDRESS	715 E. HARTFORD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addi	tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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:

415/98

352-344-4166

FILED

May 18 1998 8:00am

Secretary of State

Daytime Phone # 0067349