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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12909

1. Corporation Name  
GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
2780 N FLORIDA AVENUE  
SUITE #3  
HERNANDO FL 34442  
US

Mailing Address  
2780 N FLORIDA AVENUE  
SUITE #3  
HERNANDO FL 34442  
US



2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
01/08/1986

4. FEI Number  
59-2582473

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
RIGNEY, JOSEPH  
2780 N FLORIDA AVENUE  
SUITE #3  
HERNANDO FL 34442  
← Change of address →

10. Name and Address of New Registered Agent  
81 Name  
JOSEPH W. RIGNEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
1481 N. LOMBARDO CN  
83  
84 City  
LEONTO FL  
85 Zip Code  
34461

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T NAGY, D EMBETH	3.2 NAME	
STREET ADDRESS	771 E HARTFORD STREET	3.3 STREET ADDRESS	SEC. PRIMO J. TALLARIDA 681 E. HARTFORD ST 33 1/A HERNANDO FL 34442
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S INGERSOLL HERMAN	4.2 NAME	SEC. PRIMO J. TALLARIDA 681 E HARTFORD ST 33 1/A HERNANDO FL - 34442
STREET ADDRESS	681 E. HARTFORD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILSON, DAVID A.	5.2 NAME	JOHN SETTIMIO
STREET ADDRESS	715 E. HARTFORD ST.	5.3 STREET ADDRESS	790 E Gilchrist ST 27 3/A
CITY-ST-ZIP	HERNANDO FL	5.4 CITY-ST-ZIP	HERNANDO, FL. 34442
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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/28/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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