

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90327 048 ****61.25

DOCUMENT # GREENBRIAR II CONDO ASSOC.

1. Entity Name

N12909 ✓

Principal Place of Business Mailing Address SAME
791 E. HARTFORD ST., 2B
HERNANDO, FL 34442.

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

44513

6. Name and Address of Current Registered Agent

JOSEPH RIGNEY
1481 N. LOMBARDO LN.
LE CANTO, FL 34461

7. Name and Address of New Registered Agent

Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <u>GLORIA STERIN "D"</u> <input checked="" type="checkbox"/> Delete <u>651 E. HARTFORD ST.</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>VICE PRESIDENT</u> <input checked="" type="checkbox"/> Delete <u>DAVID STARES "D"</u> <u>810 E. GILCHRIST CT.</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>SECRETARY</u> <input type="checkbox"/> Delete <u>PRIMO TALLARIDA "D"</u> <u>681 E. HARTFORD ST.</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>TREASURER</u> <input checked="" type="checkbox"/> Delete <u>EMBERTH NAGY "D"</u> <u>771 E. HARTFORD ST.</u> <u>HERNANDO, FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>MEMBER AT LARGE</u> <input type="checkbox"/> Delete <u>JOHN SETTIMIO "D"</u> <u>790 E. GILCHRIST ST.</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>RICHARD M. CONLEY "D"</u> <u>791 E. HARTFORD ST., UNIT 5A</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>VICE PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>PRIMO TALLARIDA "D"</u> <u>681 E. HARTFORD</u> <u>HERNANDO, FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>RONALD COLE</u> <u>681 E. HARTFORD ST. "D"</u> <u>HERNANDO, FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>ASST. TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>NORMAN KNOWLES "D"</u> <u>600 E. GILCHRIST CT.</u> <u>HERNANDO FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Treasurer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>JOHN SETTIMIO "D"</u> <u>790 E. Gilchrist Ct</u> <u>Hernando, FL 34442</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M Conley Richard M Conley Pres 04-13-01 527-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)