


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
04 OCT 25 PM 2: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N12909</b> 1. Entity Name GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 791 E. HARTFORD ST #2B HERNANDO, FL 34442 US		Mailing Address 791 E. HARTFORD ST #2B HERNANDO, FL 34442 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1481 N LOMBARDO AVE</b> Suite, Apt. #, etc.	
City & State City & State <b>LECANTO, FL</b>		4. FEI Number 59-2582473	
Zip Country Zip Country <b>34461</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent RIGNEY, JOSEPH 1481 N LOMBARDO <del>ST</del> AVE LECANTO, FL 34461		7. Name and Address of New Registered Agent Name <b>REINSTATEMENT</b> Street Address 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Joseph W. Rigney</u> <u>10/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50.</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, GERALDINE M 651 E HARTFORD ST., UNIT 34-18 HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EHNINGER, HERBERT 741 E HARTFORD ST # 1B HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STERIN, GLORIA 651 E HARTFORD ST., UNIT 34-2B HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 651 E HARTFORD ST # 2B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWLES, PATRICIA 791 E HARTFORD ST 21-48 HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGSTEEDE, SHEILA 760 E GILCHRIST CT #4A HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORBUSH, CHESTER TD PO BOX 1468 HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, JOHN 1728 N. ENSIGN PT CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONLEY, RICHARD M 791 E HARTFORD ST 5-A HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	791 E HARTFORD ST # 2B
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042077108 10/21/04--01061--007 **61.25
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: <u>Richard M Conley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD M CONLEY</b>		Date <u>10/20/04</u> Daytime Phone # <u>352-537-2993</u>	