



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 005 \*\*\*\*61.25

DOCUMENT # N12909					
1. Entity Name GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 791 E. HARTFORD ST #2B HERNANDO, FL 34442 US		Mailing Address 1481 N. LOMBARDO AVENUE LECANTO, FL 34461		 02132006 Chg-NP CR2E037 (11/05)	
2. Principal Place of Business		3. Mailing Address C/O LANDMARK REALTY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 311 W MAIN ST			
City & State		City & State INVERNESS FL			
Zip	Country	Zip 34450	Country		
4. FEI Number 59-2582473				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIGNEY, JOSEPH 1481 N LOMBARDO AVENUE LECANTO, FL 34461			Name KATHY CHAPMAN		
			Street Address (P.O. Box Number is Not Acceptable) C/O LANDMARK REALTY		
			311 W MAIN ST		
			City INVERNESS FL		
			Zip Code 34450		
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>Kathy Chapman, agent</u> DATE <u>2/13/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHWINGER, HERBERT		NAME		
STREET ADDRESS	741 E. HARTFORD STREET, #1B		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO, FL 34442		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERIN, GLORIA		NAME		
STREET ADDRESS	651 E HARTFORD ST., UNIT2B		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO, FL 34442		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADOCCIA, EVANDRO		NAME		
STREET ADDRESS	715 E HARTFORD ST		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO, FL 34442		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SHEILA KUSTRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, JOHN TD		NAME		
STREET ADDRESS	1728 N. ENSIGN PT		STREET ADDRESS	741 E HARTFORD ST	
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429		CITY - ST - ZIP	HERNANDO, FL 34442	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, RICHARD M		NAME		
STREET ADDRESS	791 E HARTFORD ST 2B		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO, FL 34442		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>		Date: <u>2-13-06</u>		Daytime Phone: <u>352-527-2993</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					