


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90056 019 \*\*\*\*61.25

<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 C/O LANDMARK REALTY 311 W MAIN ST INVERNESS, FL 34450				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2582473				Applied For <input type="checkbox"/> 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				
CHAPMAN, KATHY C/O LANDMARK REALTY 311 W MAIN ST INVERNESS, FL 34450			Name				
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EHWINGER, HERBERT		NAME	EHWINGER, HERBERT			
STREET ADDRESS	741 E. HARTFORD STREET, #1B		STREET ADDRESS				
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP				
TITLE	TD	<input checked="" 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	VPD	<input type="checkbox"/> Delete	TITLE		<input 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	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOSTRO, SHEILA		NAME	KOSTRO, SHEILA			
STREET ADDRESS	741 E HARTFORD ST		STREET ADDRESS				
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONLEY, RICHARD M		NAME	JOSEPH, BARBARA			
STREET ADDRESS	791 E HARTFORD ST 2B		STREET ADDRESS	636 E GILCHRIST CT			
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	HERNANDO, FL 34442			
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: <i>Herbert Ehwinger</i>			Date: <i>4/20/07</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

40073958



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