

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12909**  
 1. Entity Name  
**GREENBRIAR TWO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
791 E. HARTFORD ST #2B HERNANDO, FL 34442 US	C/O LANDMARK REALTY 311 W MAIN ST INVERNESS, FL 34450



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2582473</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHAPMAN, KATHY  
 C/O LANDMARK REALTY  
 311 W MAIN ST  
 INVERNESS, FL 34450

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHNINGER, HERBERT 741 E. HARTFORD STREET, #1B HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RADOCCIA, EVANDRO 715 E HARTFORD ST HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOSTRO, SHEILA 741 E HARTFORD ST HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPH, BARBARA 636 E. GILCHRIST CT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/22/08-80025-015 61.25

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: *Herbert E. Ehninger* Herbert E. Ehninger Pres. 1/17/08 352-726-9136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #