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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37789

1. Corporation Name

GREENBRIER A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

408 GREENBRIER "A"
 WEST PALM BEACH FL 33417
 US

Mailing Address

406 GREENBRIER "A"
 WEST PALM BEACH FL 33417-2338
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/23/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1561074	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HENRY, BARBARA
 408 GREENBRIER "A"
 WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Barbara Henry* **BARBARA HENRY** DATE: **4-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, BARBARA	1.2 NAME	
STREET ADDRESS	408 GREENBRIER "A"	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	HEIT, SAUL VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICILIANO, VINCENT	2.2 NAME	
STREET ADDRESS	314 GREENBRIER "A"	2.3 STREET ADDRESS	301 GREENBRIER A
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, HORTENSE	3.2 NAME	
STREET ADDRESS	406 GREENBRIER "A"	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, HYMAN	4.2 NAME	
STREET ADDRESS	204 GREENBRIER "A"	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, THELMA	5.2 NAME	GOLDBERG, SADIE
STREET ADDRESS	113 GREENBRIER "A"	5.3 STREET ADDRESS	102 GREENBRIER A
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, RAY	6.2 NAME	
STREET ADDRESS	408 GREENBRIER A	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Henry* **BARBARA HENRY** DATE: **4-19-99** (561) 689-1924

CR2E037 (11/98)