


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90176 036 ****70.00

0047650

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

DOCUMENT # N92000000476

1. Corporation Name
GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 4156 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467 US	Mailing Address 5295 TOWN CENTER RD., #200 BOCA RATON FL 33486
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/25/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0411509
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD., #200 BOCA RATON FL 33486	81 Name		
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RECE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG MANAGEMENT CO., INC. (AS RECEIVER)	1.2 NAME	
STREET ADDRESS	5295 TOWN CENTER RD., #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	EPSTEIN, BOB
STREET ADDRESS		2.3 STREET ADDRESS	10818 GREENBRIAR VILLA DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PERLMAN, WENDY
STREET ADDRESS		3.3 STREET ADDRESS	10726 GREENBRIAR VILLA DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BATTELENE, EDWIN
STREET ADDRESS		4.3 STREET ADDRESS	10798 GREENBRIAR VILLA DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GORDON, ALAN
STREET ADDRESS		5.3 STREET ADDRESS	10806 GREENBRIAR VILLA DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ZEIGLER, RON
STREET ADDRESS		6.3 STREET ADDRESS	10778 GREENBRIAR VILLA DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467

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: _____ DATE: 2-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)