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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DIVISION

DOCUMENT # N9200000476

Corporation Name

GREENBRIAR OF WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4156 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467 US 5295 TOWN CENTER RD..#200 BOCA RATON FL 33486 FILED
Mar 01, 1999 8:00 am §
Secretary of State

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

Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	ace of Business	\vdash	2a. Mailing Address			11/25/1992					
City & State	21		26									
City & State 3	Suite, Apt.	#, etc.	⊢	Apt. #, etc.								
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3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name and Address of New Registered Agent 14. LANS MANAGEMENT CO.,INC. 15. Support Contribution 15. Support Contribution 16. Name and Address of New Registered Agent 17. Pursuant to the provision of Sections 817,0502 and 617,1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 817,0502 and 617,1508, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 817,0503, Florida Statutes. Provided 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 817,0503, Florida Statutes. Provided 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 817,0503, Florida Statutes. Provided 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 817,0503, Florida Statutes. Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 817,0503, Florida Statutes. Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 817,0503 and a	_ ··· · · · · · · · · · · · · · · · · ·						5. Certifcate	of Status Desired	\mathcal{F}_{-}			
S. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 817.0502 and 617.1508. Floride Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am Emiliar with, and acceptable) 15. Pursuant to the provisions of Section 617.0502 and 617.1508. Floride Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am Emiliar with, and acceptable obligations of Section 617.0503, Floride Statutes. 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Section 617.0508. Floride Statutes. 18. Addition the comporation's board of directors. I hereby accept the appointment as registered agent. I am Emiliar with, and acceptable the obligation of Section 617.0503, Floride Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Time 10. RECE 10. Time 10. Many MANAGEMENT CO., INC. (AS RECEIVER) 11. STREET ADDRESS S295 TOWN CENTER RD. #200 11. STREET ADDRESS S295 TOWN CENTER RD. #200 12. STREET ADDRESS S295 TOWN CENTER RD. #200 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. STREET ADDRESS S295 TOWN CENTER RD. #200 14. STREET ADDRESS S295 TOWN CENTER RD. #200 15. STREET ADDRESS S295 TOWN CENTER RD. #200 16. STREET ADDRESS S295 TOWN CENTER RD. #200 17.	Zip	Country	Zip		<i>'</i>		I				-	
ISAACSON, WILLIAM K LANG MANAGEMENT CO.,INC. 5285 TOWN CENTER RD.,#200 BOCA RATON FL 33486 11. Furnaumt to the provisions of Sections 517.0502 and 517.1508, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-maned 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, the above-maned 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, the above-maned 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, the above-maned 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, the above-maned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the Appointment as registered agent. I hereby ac	24	25	29	3	30						Fees	
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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 of 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 change on an attack mean with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Daytime Phone #