

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710668**

(5)

1. Corporation Name

GREENBRIER ASSOCIATION, INC.,



Principal Place of Business

Mailing Address

**50 CELESTIAL WAY
JUNO BEACH FL 33408**

**50 CELESTIAL WAY
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified
04/05/1966

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, ALBERT I.
3840 CARNATION CIRCLE
PALM BEACH GARDENS FL 33410**

81

Name

MARY S HOPKINS, CPA

82

Street Address (P.O. Box Number is Not Acceptable)

784 U.S. HIGHWAY 1, SUITE 11

83

84

City

NORTH PALM BEACH

FL

85 Zip Code

33408

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

Mary S Hopkins
Signature, typed or printed name of registered agent and title if applicable

MARY S. HOPKINS, CPA

(NOTE: Registered Agent signature required when reinstating)

3-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LECT, VIRGINIA	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CONACHELLA, JO	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POTTER, RUTH	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUDININKAS, FRANK	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, FRANCES	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, BABS	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARYELLEN LEAHY	
1.3 STREET ADDRESS	60 CELESTIAL WAY	
1.4 CITY-ST-ZIP	JUNO BCH, FL 33408	
2.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DENISE WICKELL	
2.3 STREET ADDRESS	50 CELESTIAL WAY	
2.4 CITY-ST-ZIP	JUNO BCH, FL 33408	
3.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOROTHEA REAVES	
3.3 STREET ADDRESS	50 CELESTIAL WAY	
3.4 CITY-ST-ZIP	JUNO BCH, FL 33408	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Frances B. Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)