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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748339 (9)

1. Corporation Name

GREENBRIAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

10525 180 PLACE SOUTH
BOCA RATON FL 33498

Mailing Address

10525 180 PLACE SOUTH
BOCA RATON FL 33498-1680

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1979		3a. Date of Last Report 01/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2025225		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BIRENBACH, ANNA
18065 107TH AVE., S.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name	HINTERLEITER, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable)	18101 PARK TERRACE
83	
84 City	BOCA RATON FL
85 Zip Code	33498

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

Richard R. Hinterleiter

DATE 2/11/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, EPHRAIM	1.2 NAME	GOLDSTEIN, EPHRAIM
STREET ADDRESS	10598 GREEN BRIAR COURT	1.3 STREET ADDRESS	10598 GREENBRIAR COURT
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FLA 33498
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELE, ROBERT	2.2 NAME	
STREET ADDRESS	18114 PARK TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEITCH, JUNNE	3.2 NAME	GOULD, LARRY
STREET ADDRESS	10694 GREENBRIAR COURT	3.3 STREET ADDRESS	18113 GROVE AVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FLA. 33498
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVEMAN, IRIS	4.2 NAME	
STREET ADDRESS	18029 107TH AVE., S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBE, DEWEY	5.2 NAME	WALD, GAY
STREET ADDRESS	18088 103RD TRAIL SOUTH	5.3 STREET ADDRESS	10301 GREENBRIAR COURT
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON FLA 33498
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	KAUFMAN, JULIUS
STREET ADDRESS		6.3 STREET ADDRESS	10395 GREENBRIAR COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FLA 33498

14. I do 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.

SIGNATURE:

Iris Groveman (WALD)

2/9/97

(561) 852-7147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045277

CR2E037 (9/96)