

FILE NOW: FILING FEE IS \$61.25

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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07368 (6)
1. Corporation Name
GREEN BRIAR VILLAGE CLUB, INC.



Principal Place of Business 10151 GIFFORD BLVD ORLANDO FL 32821	Mailing Address 10151 GIFFORD BLVD ORLANDO FL 32821-8284
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/29/1985		3a. Date of Last Report 03/22/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2489896		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input 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	
Zip 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			

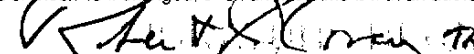
9. Name and Address of Current Registered Agent COVEN, ROBERT J 4816 GARDENBROOK LANE ORLANDO FL 32821				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

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 _____
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	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSS, LOIS			1.2 NAME	SIBARIUM, MARGARET		
STREET ADDRESS	10004 GANNON LANE			1.3 STREET ADDRESS	4942 GOUCHER LANE		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO, FL.		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVEN, ROBERT J.			2.2 NAME			
STREET ADDRESS	4816 GARDENBROOK LN			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, ROBERT			3.2 NAME	ROBERT CHAMBERLAIN		
STREET ADDRESS	10245 GIFFORD BLVD.			3.3 STREET ADDRESS	4936 GOUCHER LANE		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	ORLANDO, FL.		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODDS, DORIS			4.2 NAME	GERALD IOWENSTEIN		
STREET ADDRESS	10027 GALTON LANE			4.3 STREET ADDRESS	10004 GREENDALE LANE		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO, FL.		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:  TREAS. 3/4/97 352-1231

CR2E037 (9/96)