

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710668** (5)

1. Corporation Name

GREENBRIER ASSOCIATION, INC.,

Principal Place of Business

**50 CELESTIAL WAY
JUNO BEACH FL 33408**

Mailing Address

**50 CELESTIAL WAY
JUNO BEACH FL 33408**



3. Date Incorporated or Qualified

04/05/1966

4. FEI Number

59-1160446

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOPKINS, MARY S CPA
784 US HWY A SUITE 11
N PALM BCH FL 33408**

81 Name

Mary S Hopkins, CPA

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

9121 N. MILITARY TRAIL

83

SUITE 222

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEAHY, MARYELLEN
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	FUHRER, WILLIAM
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WICKELL, DENISE
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	BACH, HARRY
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	ROSSLER, ART
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GOLDRICK, TOM
STREET ADDRESS	50 CELESTIAL WAY
CITY-ST-ZIP	JUNO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SECRETARY
1.3 STREET ADDRESS	VIRGINIA LEET
1.4 CITY-ST-ZIP	SAME
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	ANDREA SIMILER
2.4 CITY-ST-ZIP	SAME
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	HARMON MULBAR
3.4 CITY-ST-ZIP	SAME
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.P.
4.3 STREET ADDRESS	BILL KOLLMER
4.4 CITY-ST-ZIP	SAME
5.1 TITLE	<input 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 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:

Art Rossler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)