SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

-	FILED
Jul 15	1998 8:00am
Secre	etary of State

	1998	~	Swife	DIVISION OF CORPOR			S	Secretary of State
DOCU 1. Corporation	MENT on Name	# N073	68	(6)				
GREEN	BRIAR VI	LLAGE CLUB.	INC.					
Principal Plac	e of Busines	35	Mal	ling Address				-{
			404					
10151 GIFFORD BLVD ORLANDO FL 32821			10151 GIFFORD BLVD ORLANDO FL 32821				3. Date Incorporated or Qualified 01/29/1985	
								4. FEI Number Applied For
								59-2489896 Not Applicable
2. Principal Place of Business 2a. Malling Address			Valling Address				5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt.	#. etc.	<del></del>	26	Suite, Apt. #, etc.				Fee Required
22	,		27	sono, rept. in oto.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Sta	le			City & State				7. Is this nonprofit corporation a homeowners association?
23		Country	28	7:-	Carre	<del></del>		
Zip 24		Country 25	29	Zip	Count	ıry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name	and Address of C		red Agent				10. Name and Address of New Registered Agent
	-					1 N	ame	
COVEN, R					[8	2 S	reet Addre	ess (P.O. Box Number is Not Acceptable)
	DENBROO	K LANE			-	33		
ORLANDO	) FL 32821				[	"		
					[8	4 C	ty	FL 85 Zip Code
11. Pursuant	to the provisi	ons of sections 617.	0502 and 617.1	508, Florida Statutes	, the above	-name	d corporat	
office or re agent. I a	egi <b>ster</b> ed age m <b>fam</b> iliar wi	ent, or both, in the t th, and accept the c	tate of Florida. bligations of, se	Such change was a ection 617.0503, Flor	uthorized by rida Statute	/ the c \$.	orporation	tion submits this statement for the purpose of changing its registered 's board of directors. I hereby accept the appointment as registered
SIGNATURE	Standard and	or printed name of register	and agonal and this if a	note-blo (Mr	OVE. Beniet	Assal		red when reinstating) DATE
12.	Oignatore, typeo		S AND DIREC		13,	- Agorici	iBusiona radini	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD			DELETE	1.1 ไทโม	E		Change Addition
NAME		MARGARET			1.2 NAM	E		
STREET ADDRESS		JCHER LANE			1.3 STRE		RESS	
CITY-ST-ZIP	ORLANDO	) <u>FL</u>			1.4 CITY 2.1 TITU			
NAME	COVEN F	robert J.		DELETE	2.2 NAM		1	Change Addition
STREET ADDRESS		DENBROOK LN			2.3 STRE		RESS	
CITY-ST-ZIP	ORLANDO				2.4 CITY	-ST-ZIP		
TITLE	PD			DEL <b>ETE</b>	3.1 TITL			∵ Change
NAME	1 2-1	CHAMBERLAIN			3.2 NAM	_		
STREET ADDRESS CITY-ST-ZIP	ORLANDO	JCHER LANE			3.3 STRE 3.4 CITY		RESS	
TITLE	VD	<u> </u>		DELETE	4.1 TiTU			Change Addition
NAME	, =	LOWENSTEIN			4.2 NAM	E		Cultural Control Control
STREET ADDRESS		EENDALE LANE			4.3 STRE	ET ADO	RESS	
CITY-ST-ZIP	ORLANDO	) FL			4.4 CITY			
TITLE				DELETE	5.1 TITU		1	Change Addition
NAME STREET ADDRESS	1				5.2 NAM 5.3 STRE		ocee	Í
CITY-ST-ZIP					5.4 CITY		1.00	
TITLE	<del></del>			DELETE	6.1 TITLE			Change Addition
NAME	[				6.2 NAM	E	İ	المسابعة المسابع المسابع المسابع المسابع المسابع المسابعة المسابعة المسابعة المسابعة المسابعة المسابعة
STREET ADDRESS	1				6.3 STRE	ETADD	RESS	
OITY OT TID	Ι.					CT 710	1	

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 extiplemental 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:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #