

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90056 008 ****61.25

DOCUMENT # 717194

1. Entity Name
**GREENBRIAR CONDOMINIUM APARTMENTS II
ASSOCIATION, INC.**



Principal Place of Business
**4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685 US**

Mailing Address
**4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685 US**

50007444



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1382417

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOLAN, JAMES M
FIRST CHOICE ASSOC. MGMT.
4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Nolan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MALONE, ARTHUR**
STREET ADDRESS **2001 GREENBRIAR BLVD #2**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **TS** ☐ Delete
NAME **MEDALLIS, LEON**
STREET ADDRESS **2001 GREENBRIAR BLVD #2**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D** ☒ Delete
NAME **UNDERWOOD, JANE**
STREET ADDRESS **2001 GREENBRIAR BLVD #8**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **VP** ☒ Delete
NAME **STEIBEINZ, CONNIE**
STREET ADDRESS **2001 GREEN BRIAR BLVD, #16**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D** ☐ Delete
NAME **FLAHERTY, JOSEPH**
STREET ADDRESS **2001 GREENBRIAR BLVD**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Agnis Flaherty #9**
STREET ADDRESS **2001 Greenbriar Blvd**
CITY-ST-ZIP **Clearwater FL 33763**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Connie Steibenz #15**
STREET ADDRESS **2001 Greenbriar Blvd**
CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: Arthur Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

785-8887