


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-23-2007 90022 003 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1382417			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOLAN, JAMES M FIRST CHOICE ASSOC. MGMT. 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MALONE, ARTHUR 2001 GREENBRIAR BLVD #2 CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY URBANAS, ELEANORE 2001 GREENBRIAR BLVD #15 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MEDALLIS, LEON 2001 GREENBRIAR BLVD #2 CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MEDALLIS, LEON 2001 GREENBRIAR BLVD #2 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FLAHERTY, JOSEPH 2001 GREENBRIAR BLVD. #9 CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FLAHERTY, AGNES 2001 GREENBRIAR BLVD #9 CLEARWATER, FL 33763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.					
SIGNATURE: <i>Arthur Malone</i>			3/8/07 727-733-0941		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		