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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

750308

(9)

GREENBRIAR OF BROWARD COUNTY CONDOMINIUM ASSOCIATION, INC.

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	ce of Business	Mailing Address			ı gantı taddı dilil DEJES İTİŞİ DÖLDI	ı racı firder aldış dibiş di	Air Bibil Albit (BA)
% MIKE MA 5970 N.E. 1	angurian 18th ave., Ste. #711	% MIKE MANGURIAN					
	RDALE FL 33334	5970 N.E. 18TH AVE. FT. LAUDERDALE FL	. STE. #711 33334				
			0300 V		3. Date Incorporated or Qualified 12/20/1979	3a. Date of La 05/01/	st Report
2. Principal F	Place of Business	2a. Mailing Address 26		/1	4. FEI Number 59-1115940		Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			00 1110040		Not Applicab
22		27			5. Certificate of Status Desired	1 1	5 Additional Required
City & Sta	aie	City & State			6. Election Campaign Financing		00 May Be
Zip	Country	28			Trust Fund Contribution		led to Fees
4	25	Zip	Country		8. This corporation has liability for in	tangible tax under	s. 199.032,
<u> </u>	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes	Yes No	
		good a good	81	Name	10. Name and Address of New Re	gistered Agent	
DEUSC	HLE, BRIAN C.						
888 SE	3RD AVENUE, SUITE 300		82	Street A	ddress (P.O. Box Number is Not Acceptable	9)	
FT. LAU	JDERDALE FL 33316		83				
			84	City		— 85 Z	ip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508. Florida Statu	tes the above a	omed ear	poration submits this statement for the purp	FL	•
or registe	ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	rida. Such change was authori	zed by the corpo	arried corp eration's b	poration submits this statement for the purp poard of directors. I hereby accept the appoin	ose of changing its	registered office
1207111102 41	min, and accept the obligations of, Sec	RION 617.0503, Florida Statute	S.			The state of the s	o agont. I am
CICKIATURE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTF: Renistered Anent	signature see	and the state of t		
	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (N ND DIRECTORS	OTE: Registered Agent	signature req		DATE	000 04 40
12.	OFFICERS AN		OTE: Registered Agent 13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
12 .	OFFICERS AN MANGURIAN, PIERCE	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		
12. ITLE IAME	DP MANGURIAN, PIERCE P.O. BOX 3460 N/A	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
12. TITLE NAME STREET ADDRESS	DP MANGURIAN, PIERCE P.O. BOX 3460 N/A PAGOSA SPRINGS FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANGURIAN, PIERCE P.O. BOX 3460 N/A PAGOSA SPRINGS FL VDST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS - ZIP	ADDITIONS/CHANGES TO OFFIC V/D/T MANGURIAN, PIERCE P.O. BOX 3460 N/A	CERS AND DIRECT	☐ Addition
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SIGNATURE: _

MATURE AND TYPED OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

7/14/96 (954) >>2-8686

A MARIE INDEX CIPE BORNE CHAI NOUN PART PROVI NAME AND I NEAR ALBERT ALBERT ALBERT

CR2E037 (12/95)