

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750308 (9)

1. Corporation Name

GREENBRIAR OF BROWARD COUNTY CONDOMINIUM ASSOCIA  
TION, INC.

Principal Place of Business

Mailing Address

% MIKE MANGURIAN  
5970 N.E. 18TH AVE., STE. #711  
FT. LAUDERDALE FL 33334% MIKE MANGURIAN  
5970 N.E. 18TH AVE., STE. #711  
FT. LAUDERDALE FL 33334-59973. Date Incorporated or Qualified  
12/20/19793a. Date of Last Report  
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

4. FEI Number  
59-1115940Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGURIAN, MIKE  
5970 NE 18TH AVE.  
SUITE 711  
FT. LAUDERDALE FL 33334

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDT  
NAME MANGURIAN, PIERCE  
STREET ADDRESS P.O. BOX 3460 N/A  
CITY-ST-ZIP PAGOSA SPRINGS FL CO1.1 TITLE VDT  
1.2 NAME MANGURIAN, PIERCE  
1.3 STREET ADDRESS P.O. BOX 3460 N/A  
1.4 CITY-ST-ZIP PAGOSA SPRINGS, COTITLE PD  
NAME MANGURIAN, MICHAEL  
STREET ADDRESS 3015 NW 88TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE PD  
2.2 NAME MANGURIAN, MICHAEL  
2.3 STREET ADDRESS 5970 N.E. 18th Ave. #711  
2.4 CITY-ST-ZIP FT LAUDERDALE FLTITLE S  
NAME SCHENK, JOHN  
STREET ADDRESS 302 8TH STREET, SUITE 310  
CITY-ST-ZIP GLENWOOD SPRINGS CO3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE D  
4.2 NAME DONNA MANGURIAN, DONNA  
4.3 STREET ADDRESS 5970 N.E. 18th Ave #711  
4.4 CITY-ST-ZIP FT LAUDERDALE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Mike Mangurian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 954 772-8686

Date

Daytime Phone # 0032644

CP2E037 (9/96)