## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

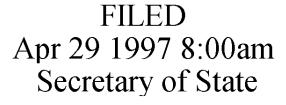
DOCUMENT #

(8)

## GREEN BRIAR TOWNHOUSE HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address





1388 COUNTRY CLUB ROAD P.O. 310			1388 COUNTRY CLUB ROAD P.O. 310					
GULF BREEZE FL 32561-3471			GULF BREEZE FL 32561-3471		3. Date Incorporated or Qualified 09/10/1982	3a. Date of Last F 07/08/19	Report	
2. Principal P	lace of Busin	noss	2a. Mailing Address		4. FEI Number	<del></del>	oplied For	
21			26		59-2913129	<del></del>	ot Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			00.75	Additional	
22			27		Certificate of Status Desired	*****	equired	
City & State			City & State		Flection Campaign Financing     Trust Fund Contribution		May Be	
Zip		Country	Zip Country				to Fees	
24	25		29	<del></del>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9, Name	and Address of Current				10. Name and Address of New Registered Agent		
					81 Name		,	
MONTGOMERY, ROBERT B.								
		LUB ROAD		B2 Street Add		dress (P.O. Box Number is Not Acceptab	le)	
	REEZE FL			Ī	33			
, 5.5			84 City		Tag Tag			
				],	Gity City		FL 85 Zip	Code
11. Pursuant to	to the provis	ions of Sections 617.0502	and 617.1508, Florida Statuti	es, the ab	ove-named cor	rporation submits this statement for the p	urpose of changing it	ts 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 _	Classics trans							
12.	Signature, typed or printed name of registered agont and title if applicable.  OFFICERS AND DIRECTORS			E: Registered Agent signature require  13.		uired when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE	OC INI 10
TITLE	PD DELETE		1,1 1(1)	F I	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	MONTGOMERY, ROBERT B.			1.2 NAME			onungo	
STREET ADDRESS		OUNTRY CLUB ROAD	1.3 STREET ADDRESS				į	
CITY-ST-ZIP		REEZE, FL 0		1.4 CITY - ST - ZIP				
TITLE	STD		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	GODWIN, ROY G.			2.2 NAME				ĺ
STREET ADDRESS	1388 C	OUNTRY CLUB ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP		REEZE, FL 0		2.4 CITY-ST-ZIP				
TITLE	VD DELETE			3.1 TITLE			☐ Change	Addition
NAME	FAIRCLOTH, JAMES			3 2 NAM	(E			
STREET ADDRESS	1388 C		3.3 STREET ADDRESS					
CITY-ST-ZIP	GULF BREEZE FL				Y-ST-ZIP			
TITLE			☐ DELETE	4.1 TITU	E		☐ Change	Addition
NAME				4. 2 NA	ME			
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP			Documen		-ST-ZIP			
TITLE			☐ DELETE	5.1 TITL			Change	☐ Addition
NAME				5.2 NAA				
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP TITLE			☐ DELETÉ		- ST- ZIP		T Ahanza	Addison
NAME				6.1 TITL			☐ Change	Addition
STREET ADDRESS				6.2 NAN	i i			
					ET ADDRESS			
CITY-ST-ZIP				6.4 CITY	-ST-ZIP			

I do hereby certify that the information supplied with this filling 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.