

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46286** (3)
1. Corporation Name
GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address
7400 SPRING HILL DR. **7400 SPRING HILL DR.**
#111 **#111**
SPRING HILL FL 34606 **SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1991** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2110243** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

CARELLO, FRANCIS J.
1341 NOAH AVE.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LYONS, ALBERT G	3300 GULFWINDS CIR	HERNANDO BCH FL
PD	PANDORFO, ROSE	7400 SPRING HILL DR #216	SPRING HILL FL
SD	TORNABENE, CHARLES	7400 SPRING HILL DR 219	SPRING HILL FL
TD	CARELLO, FRANCIS J	1341 NOAH AVE	SPRING HILL FL
PD	SCHEVE, LORRAINE	7400 SPRING HILL DR #104	SPRING HILL FL
D.	PATRICIA DAHLEIDEN	7400 SPRING HILL DR #204	SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D.	LUKE W. WAHL	7400 SPRING HILL DR #209	SPRING HILL FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.	GLORIA ANDOSCA	7400 SPRING HILL DR	SPRING HILL FL.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.	WILLIAM HABERKORN	7400 SPRING HILL DR #108	SPRING HILL FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **FRANCIS J. CARELLO - TREASURER - DIRECTOR**
Francis J. Carello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 1996 (352) 683-4027
Date Daytime Phone #