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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46286** (3)
1. Corporation Name
GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business 7400 SPRING HILL DR. #111 SPRING HILL FL 34606	Mailing Address 7400 SPRING HILL DR. #111 SPRING HILL FL 34606
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3. Date Incorporated or Qualified
12/03/1991

4. FEI Number 59-2110243	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 Debra D. Forbes
82 Street Address (P.O. Box Number Is Not Acceptable) 7400 Spring Hill Drive
83 # 119
84 City Spring Hill
85 Zip Code FL 34606

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 **Debra D. Forbes** **Treasurer - Debra D. Forbes**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME TORNABENE, CHARLES	
STREET ADDRESS 7400 SPRING HILL DR., #219	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DAHLEIDEN, PATRICIA	
STREET ADDRESS 7400 SPRINGHILL DRIVE #204	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LYONS, ALBERT F	
STREET ADDRESS 3300 GULFWIND CIR	
CITY-ST-ZIP HERNANDO BEACH FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME CARELLO, FRANCIS J	
STREET ADDRESS 1341 NOAH AVE	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HABERKORN, WILLIAM	
STREET ADDRESS 7400 SPRING HILL DRIVE #108	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ANDOSCA, GLORIA	
STREET ADDRESS 7400 SPRING HILL DR #107	
CITY-ST-ZIP SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Debra D. Forbes	
1.3 STREET ADDRESS 7400 Spring Hill Dr. #119	
1.4 CITY-ST-ZIP Spring Hill, FL 34606	
2.1 TITLE VP + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Ronald G. Forbes	
2.3 STREET ADDRESS 7400 Spring Hill Dr., #119	
2.4 CITY-ST-ZIP Spring Hill, FL 34606	
3.1 TITLE Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME marie J. Nocilla	
3.3 STREET ADDRESS 7400 Spring Hill Dr. #115	
3.4 CITY-ST-ZIP Spring Hill, FL 34606	
4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Gloria J. Watson	
4.3 STREET ADDRESS 7400 Spring Hill Dr. #110	
4.4 CITY-ST-ZIP Spring Hill, FL 34606	
5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Peter P. Nardelli	
5.3 STREET ADDRESS 7400 Spring Hill Dr. #211	
5.4 CITY-ST-ZIP Spring Hill, FL 34606	
6.1 TITLE Asst. Secretary + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Eleanore A. DeMauro	
6.3 STREET ADDRESS 7400 Spring Hill Dr. #116	
6.4 CITY-ST-ZIP Spring Hill, FL 34606	

14. I 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: **Debra D. Forbes** **Debra D. Forbes** (352) 686-2922

CR2E037 (10/97)