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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90136 025 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46286**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/03/1991

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

9. Name and Address of Current Registered Agent

**DEBRA D FORBES**  
7400 SPRING HILL DR #119  
SPRING HILL FL 34606

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 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

TITLE **P** ☐ DELETE

NAME **TORNABENE, CHARLES**  
STREET ADDRESS **7400 SPRING HILL DR., #219**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **TD** ☐ DELETE

NAME **DEBRA D FORBES**  
STREET ADDRESS **7400 SPRING HILL DR #119**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **VPD** ☐ DELETE

NAME **RONALD G FORBES**  
STREET ADDRESS **7400 SPRING HILL DR #119**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **SD** ☐ DELETE

NAME **MARIE J NOCILLA**  
STREET ADDRESS **7400 SPRING HILL DR #115**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ DELETE

NAME **PETER P NARDELLI**  
STREET ADDRESS **7400 SPRING HILL DR #211**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **ASD** ☐ DELETE

NAME **ELEANORE A DEMAURO**  
STREET ADDRESS **7400 SPRING HILL DR #116**  
CITY-ST-ZIP **SPRING HILL FL 34606**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ASST. TREAS + DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **Joanne Pacini**  
1.3 STREET ADDRESS **7400 Spring Hill Dr. #206**  
1.4 CITY-ST-ZIP **Spring Hill, FL 34606**

2.1 TITLE **President + Director** ☒ Change ☐ Addition

2.2 NAME **Charles Tornabene**  
2.3 STREET ADDRESS **7400 Spring Hill Dr. #219**  
2.4 CITY-ST-ZIP **Spring Hill, FL 34606**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Debra D Forbes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-99 (352) 686-2922**

Date

Daytime Phone #

CR2E037 (1/98)