FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

26

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

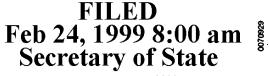
DOCUMENT # N46286

2. Principal Place of Business

21

GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address		
7400 SPRING HILL DR. #111 SPRING HILL FL 34606	7400 Spring Hill dr. #111 Spring Hill Fl 34606		



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

- 	{ 6 	919(1 848))	ı

3. Date Incorporated or Qualifed

12/03/1991

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	 	pilea Foi
22	-	27			59-21.10243	Not	t Applicable
City & Stat	te	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Red	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
─ , `	25	29 30	ה (Trust Fund Contribution	Added to	•
24	9. Name and Address of Current	1	<u> </u>		10. Name and Address of New Registe	red Agent	
	3. Hallo 2114 / (dai 500 51 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81	Name			
Debra D			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	ING HILL DR #119		83				
Spring h	IILL FL 34606		**				
			84	City		85 Zip C	ode
							ragistered
office or r	to the provisions of Sections of 1,000 and the egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with and accept the obligation of familiar with a familiar wit	Florida. Such change was aum ons of, Section 617.0503, Florida	a Statutes.	the corporation	poration submits this statement for the purposon's board of directors. I hereby accept the appropriate the second of directors and the second of directors are second of directors.	Sportation 25 reg	jistered
12	Signature, typed or printed name of registered agent a OFFICERS AND		13.	. signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	P OFFICERS AND	□ DELETE	1.1 TITLE	Ta	SSI TREAS + DIRECTOR	☐ Change	Addition
TITLE	TORNABENE, CHARLES		1.2 NAME	1 -	- 0 -: ·		
NAME			1.3 STREET	ADDDECC 7	1400 Spring Hill pr. # 2	.06	
STREET ADDRESS	· ·		1	ALURESS	pring Hill FL 34606 resident + Director	, 2	•
CITY-ST-ZIP	SPRING HILL FL	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-219 0	product of Discotor	Change	Addition
TITLE	TD SORDE	□ Dereie			harles Tornabene	Q2	_
NAME	DEBRA D FORBES		2.2 NAME	, , , , , , , , , , , , , , , , , , ,	tharles Tornabene 1400 Spring Hill Dr. Spring Hill, FL 3460	#219	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET	ADDRESS /	1400 Spill El 3460	1-	
CITY-ST-ZIP	SPRING HILL FL 34606		2. 4 CITY-S	r-zip	Spring All, PL 3760	Change	Addition
TITLE	VPD	☐ DELETE	3.1 TITLE			□ onango	
NAME	RONALD G FORBES		3.2 NAME				
STREET ADDRESS	7400 SPRING HILL DR #119		3.3 STREET	ADDRESS			•
CITY-ST-ZIP	SPRING HILL FL 34606		3.4. CITY-S	r-zip			
TITLE	SD	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	MARIE J NOCILLA		4, 2 NAME				
STREET ADDRESS	7400 SPRING HILL DR #115		4.3 STREET	ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606		4.4 CITY- \$1	i-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		,	Change	Addition
NAME	PETER P NARDELLI		5.2 NAME				
STREET ADDRESS	7400 SPRING HILL DR #211		5.3 STREET	ADORESS			
CITY-ST-ZIP	SPRING HILL FL 34606		5.4 CITY-ST	-ZIP			
TITLE	ASD	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	ELEANORE A DEMAURO		6.2 NAME				
STREET ADDRESS	T444 000010 1111 00 4440	i	6.3 STREET	ADDRESS			
CITY- ST. 7ID	SPRING HILL FL 34606		6.4 CITY-\$1	r-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 suppliemental 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.



(352) 686-2922