2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47492



Secretary of State

Mar 07, 2006 8:00 am

FILED

03-07-2006 90009 026 ****61.25 GREÉNBRIAR V AT BONITA BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address GULF BREEZE MGMT SERVICES OF SW FL, LLC GULF BREEZE MGMT SERVICES OF SW FL. LLC 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address 8910 Terrene Court 8910 Terrene Court Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) Suite 200 Suite 200 City & State 4. FEI Number 58-1998195 City & State Applied For Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEIDNER, RALPH L Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court GULF BREEZE MGMT SERVICES OF SWIFL LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 Suite 200 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD TITLE Delete TITLE ☐ Change Addition LENTZ, PHYLLIS S NAME NAME STREET ADDRESS 4115 BAYHEAD DRIVE, # 103 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP VD TIME ☐ Delete ☐ Change ■ Addition LYTLE, LARRY H DR. NAME STREET ADDRESS 4115 BAYHEAD DRIVE #204 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME CLIFFORD, JOHN NAME STREET ADORESS 4111 BAYHFAD DR #101 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 City-St-Zip TIFLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Clifford

Felg 16 200 5 239-949-0629

Device Private # Vib