2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 25, 2007 8:00 am Secretary of State

06-25-2007 90003 032 ****61.25

DOCUMENT # N47492

1. Entity Name GREENBRIAR V AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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SUITE 200 S BONITA SPRINGS, FL 34135 E				8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US 3. Mailing Address					**************************************			
Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				01042007	DL - ND	ODDE	007 (40/00)	
53.65,			55K5, 1. p. 1. 7, 5.5K				01042007 Chg-NP CR2E037 (12/06)					
City & State			Ci	City & State				4. FEI Number Applied For 58-1998195 Not Applied be 58-1998195				
Zip		Country	Zij	o	Cou	untry		5. Certificate of S	Status Desired	ı 🗆	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Register	ed Agent				7. Name and Ad	Idress of Nev	Registered	l Agent	
MEIDNED	DALGH	1				Name						
WEIDNER, RALPH L 8910 TERRENE COURT				Street Address			P.O. Box Number is	s Not Accepta	ble)			
SUITE 200 BONITA S		FL 34135										
						City				F	Zip Cod	е
		y submits this statement for	or the purp	oose of changing its	register	ed office o	r register	ed agent, or both, i	in the State of	Florida. Lar	n familiar with,	and accept
the obligat	ions of regis	tered agent.										
CICNIATURE												
SIGNATURE .	Signature, typed	or printed name of registered agent	and little if app	plicable (NOTE	: Registere	id Agent signat	nie rednired	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Due by I	nay 1, 2007		Trust Fund C	OHILIDOL	NOTI.	ш	Added to Fees	_	югіца рер	artinent or 3	
10.	Due by I	OFFICERS AND DI	RECTORS		11.			Added to Fees ADDITIONS/CHAN				
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TITLE	STD LENTZ, F 4115 BAY	OFFICERS AND DI PHYLLIS S (HEAD DRIVE, # 103	RECTORS	. <u></u>	11. TITL NAM STR	E	7	ADDITIONS/CHAN	GES TO OFF	CERS AND (DIRECTORS IN	V 10
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR