

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 001 ****61.25

DOCUMENT # N47492 1. Entity Name GREENBRIAR V AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135			Mailing Address 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business, No P.O. Box # %Gulf Breeze Mgmt. Svcs. of SW FL, LLC				3. Mailing Address %Gulf Breeze Mgmt. Svcs. of SW FL, LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 58-1998195	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name %Gulf Breeze Mgmt. Svcs. of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REEL, WILLIAM <input type="checkbox"/> Delete 4115 BAYHEAD DRIVE, # 103 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYTLE, LARRY H DR. <input type="checkbox"/> Delete 4115 BAYHEAD DRIVE #204 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLIFFORD, JOHN <input type="checkbox"/> Delete 4111 BAYHEAD DR. #101 BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				2/15/08 (239) 992-2457	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Larry Lytle				Date Daytime Phone # VB	