

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90080 004 \*\*\*\*61.25

<b>DOCUMENT # N47493</b> 1. Entity Name <b>GREENBRIAR AT BONITA BAY MASTER ASSOCIATION, INC.</b>			
Principal Place of Business <b>4111 &amp; 4115 BAYHEAD DRIVE BONITA SPRINGS, FL 34134</b>		Mailing Address <b>6700 LONE OAK BLVD NAPLES, FL 34109 US</b>	
2. Principal Place of Business <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Bonita Springs, FL</b> Zip <b>34135</b>		City & State <b>Bonita Springs, FL</b> Zip <b>34135</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0337787</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name <b>Weidner, Ralph L.</b> <b>%Gulf Breeze Management Services of SW FL, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>8910 Terrene Court</b>  <b>Suite 200</b> City <b>Bonita Springs</b>	
Zip Code <b>FL 34135</b>		Zip Code <b>FL 34135</b>	
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 <i>Ralph L. Weidner</i> Signature, typed or printed name of registered agent and title if applicable.		<b>Ralph L. Weidner</b> (NOTE: Registered Agent signature required when reinstating)	
DATE <b>3/22/06</b> DATE		Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b> NAME <b>POWELL, RICHARD</b> STREET ADDRESS <b>6428 HERITAGE PLACE</b> CITY-ST-ZIP <b>ENGELWOOD, CO 80111</b>	<input type="checkbox"/> Delete	TITLE <b>S/T/D</b> NAME <b>Meek, Don</b> STREET ADDRESS <b>4140 Bayhead Drive, #203</b> CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b> NAME <b>PETERS, JOHN</b> STREET ADDRESS <b>4140 BAYHEAD DR., #203</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Clifford, John</b> STREET ADDRESS <b>4111 Bayhead Drive, #101</b> CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>TRD</b> NAME <b>LYTLE, LARRY</b> STREET ADDRESS <b>4115 BAYHEAD DRIVE</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V/D</b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MCINTYRE, CAREY</b> STREET ADDRESS <b>4130 BAYHEAD DRIVE #303</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>LEWIS, DAVID</b> STREET ADDRESS <b>4120 BAYHEAD DRIVE #204</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete	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: <i>David Lewis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>David Lewis</b> Date <b>3/22/06</b> Daytime Phone <b>(239) 390-2049</b>	