2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# N47493

Entity Name: GREENBRIAR AT BONITA BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 65-0337787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VTD
Name: POWELL, RICHARD
Address: 4106 BAYHEAD DRIVE, #201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: CLIFFORD, JOHN
Address: 4111 BAYHEAD DRIVE, #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: WHELAN, DOUG
Address: 4130 BAYHEAD DRIVE, #304
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: MERCER, JOHN
Address: 4120 BAYHEAD DRIVE, #304
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD
Name: CHAPIN, BOB
Address: 4140 BAYHEAD DRIVE, #106
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN CLIFFORD PRES 05/04/2010
Electronic Signature of Signing Officer or Director — Date