

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**  
 05 MAY -1 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **N49243** (1)  
 1. Corporation Name  
**GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4130 BAYHEAD DRIVE S.W.  
 BONITA SPRINGS FL 33923**  
**405 5TH AVE S  
 STE 6  
 NAPLES FL 33940  
 US**

DO NOT WRITE IN THIS SPACE  
 3. Date incorporated or Qualified **06/04/1992** 3a. Date of Last Report **04/26/1994**  
 4. FEI Number **65-0405887** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**GRANT, RICHARD C**  
~~5551 RIDGEWOOD DR~~  
~~STE 501~~  
**NAPLES FL 33963**  
*Richard Grant, Richard C.*

10. Name and Address of New Registered Agent  
 81 Name **Sowc**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5805 Delicou Bay Blvd**  
 83 **Suite 400**  
 84 City **Naples** 85 Zip Code **FL 33963**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/2/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ANTARAMIAN, JACK J.</b>
STREET ADDRESS	<b>1079 BALD EAGLE DR #5</b>
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>STD</b>
NAME	<b>THOMAS, CHARLES J.</b>
STREET ADDRESS	<b>1079 BALD EAGLE DR #5</b>
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>D</b>
NAME	<b>FRAZITTA, ROBERT</b>
STREET ADDRESS	<b>248 WALNUT STREET</b>
CITY - ST - ZIP	<b>NEWTONVILLE MA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/27/95** (S13) 434-0600  
(Typed Signature and Printed Name of Signing Officer or Director)