

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49243 (1)
1. Corporation Name
GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4130 BAYHEAD DR BONITA SPRINGS FL 34134	Mailing Address C/O GULF COAST PROPERTY MGMT 8240 BONITA BEACH RD #2217 BONITA SPRINGS FL 34135 US
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3. Date Incorporated or Qualified 06/04/1992		
4. FEI Number 65-0405887	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
	90 Sunrise Properties & Mgmt. Co. 9955 Tamiami Tr. N., #2 Naples, FL 34108 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEGENSKI, BERNARD M
8240 BONITA BEACH RD
SUITE 2217
BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name	Donald C. Anderson
82 Street Address (P.O. Box Number is Not Acceptable)	9955 Tamiami Tr. N.
83	Suite 2
84 City	Naples FL
85 Zip Code	34108

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Donald C. Anderson DATE: 4/16/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAYTON, GENE	
STREET ADDRESS	4130 BAYHEAD DR #308	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HANSELL, DEAN	
STREET ADDRESS	302 S MANSFIELD AVE	
CITY - ST - ZIP	LOS ANGELES CA 90038	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HUSSER, JOHN D	
STREET ADDRESS	4130 BAYHEAD DR #302	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; and that I am 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: Gene Clayton **GENE CLAYTON** 6/26/98 485-8168

CR2E037 (10/97)