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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49243

1. Corporation Name

GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIAT
ION, INC.

Principal Place of Business

4130 BAYHEAD DR
BONITA SPRINGS FL 34134

Mailing Address

C/O SUNRISE PROPERTIES & MANAGEMENT CO
9955 TAMIAMI TRL N #2
NAPLES FL 34108
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/04/1992

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

9. Name and Address of Current Registered Agent

ANDERSON, DONALD C
9955 TAMIAMI TRL #2
SUITE 2217
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLAYTON, GENE
STREET ADDRESS 4130 BAYHEAD DR #306
CITY-ST-ZIP BONITA SPRINGS FL 34134 DELETE

TITLE VPD
NAME HANSELL, DEAN
STREET ADDRESS 302 S MANSFIELD AVE
CITY-ST-ZIP LOS ANGELES CA 90036 DELETE

TITLE STD
NAME HUSSER, JOHN D
STREET ADDRESS 4130 BAYHEAD DR #302
CITY-ST-ZIP BONITA SPRINGS FL 34134 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

941 514 7770

Daytime Phone #

CR2037-11/98

063990