

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90172 047 ****61.25

DOCUMENT # N49243

1. Entity Name

GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIAT

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 34108-1914
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6700 LONE OAK BLVD

Suite, Apt. #, etc.

NAPLES, FL

34109

Country

4. FEI Number

65-0405887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, DONALD C
 9955 TAMiami TRl #2
 SUITE 2217
 NAPLES FL 34108

7. Name and Address of New Registered Agent

Name: **Byron Ross**
 Street Address (P.O. Box Number is Not Acceptable): **6700 LONE OAK BLVD**
 City: **NAPLES** FL Zip Code: **34109**

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.

SIGNATURE

[Handwritten Signature]

4/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLAYTON, GENE	
STREET ADDRESS	4130 BAYHEAD DR #306	
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 90036	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #

CR2E037 (9/99)