


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90033 032 ****61.25

DOCUMENT # N49243

1. Entity Name
GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 4130 BAYHEAD DR
 #303
 BONITA SPRINGS, FL 34134 US

Mailing Address
 4130 BAYHEAD DR.
 #303
 BONITA SPRINGS, FL 34134 US



2. Principal Place of Business
4130 BAYHEAD DR.

3. Mailing Address
4130 BAYHEAD DR.

Suite, Apt. #, etc.
#306

Suite, Apt. #, etc.
#306

01062006 Chg-NP CR2E037 (11/05)

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
65-0405887

Applied For
 Not Applicable

Zip
34134

Country
LEE

Zip
34134

Country
LEG

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MURRAY, MARTIN
4130 BAYHEAD DR.
#204
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTYRE, CAREY J 4130 BAYHEAD DR., #303 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTYRE, CAREY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4130 BAYHEAD DR., #306 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, FAY 4130 BAYHEAD DR # 301 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARGEN, FRED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4130 BAYHEAD DR., #202 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, MARTIN 4130 BAYHEAD DR., #204 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4130 BAYHEAD DR., #204 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carey J. McIntyre **CAREY J. MCINTYRE** 1-6-06 239-597-5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #