


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # N49243
 1. Entity Name
GREENBRIAR II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4130 BAYHEAD DR #306 BONITA SPRINGS, FL 34134 US	Mailing Address 4130 BAYHEAD DR. #306 BONITA SPRINGS, FL 34134 US
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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0405887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTYRE, CARRY J 4130 BAYHEAD DR., #306 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, MARTIN 4130 BAYHEAD DR., #204 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANGEN, FRED 4130 BAYHEAD DR., #202 BONITA SPRINGS, FL 34134
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 01/09/08-80029-014 61.25

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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 1/7/08 239-597-5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #