

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -4 PM 3:43

DOCUMENT # **N49971 (7)**

1. Corporation Name  
**GREEN BRIAR WEST TOWN HOUSES ASSOCIATION OF WEST CHESTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O AUGUST TORRES JR.  
10900 SUNSET DR., SUITE 155  
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/21/1992** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **65-0350045** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 c/o BALWANT Cheema** **26 c/o BALWANT Cheema**  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
**22 10300 Sunset Dr. # 195** **27 10300 Sunset Dr. # 195**  
City & State City & State  
**23 MIAMI FL** **28 MIAMI FL**  
Zip Country Zip Country  
**24 33173** **25** **29 33173** **30**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HERRERA, ANA  
9636 SW 20 TER  
MIAMI FL 33165**

10. Name and Address of New Registered Agent  
**81 Name MR. JOSE P. GUIJARRO (PRESIDENT)**  
**82 Street Address (P.O. Box Number is Not Acceptable) 9617 S.W. 20 TERRACE**  
**83**  
**84 City MIAMI, FLORIDA FL 85 Zip Code 33165**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **JOSE P. GUIJARRO** **3-25-95**  
Signature (Word or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HERRERA, ANA</b>
STREET ADDRESS	<b>9636 SW 20 TER</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>FERRER, JOSE</b>
STREET ADDRESS	<b>9501 SW 20 TER</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>HERRERA, RENE</b>
STREET ADDRESS	<b>9636 SW 20 TER</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>VALDEZ, FAUSTO</b>
STREET ADDRESS	<b>9505 SW 20 TER</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>ROMEU, HUGO</b>
STREET ADDRESS	<b>9509 SW 20TH TERR</b>
CITY - ST - ZIP	<b>MIAMI FL 33165</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GUIJARRO, JOSE P.</b>
13 STREET ADDRESS	<b>9617 S.W. 20 TERR</b>
14 CITY - ST - ZIP	<b>MIAMI, FLORIDA 33165</b>
21 TITLE	<b>VPP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>JOSEPH PENNA</b>
23 STREET ADDRESS	<b>9641 SW 40 TERR</b>
24 CITY - ST - ZIP	<b>MIAMI FL 33165</b>
31 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>ISABEL INFANTE</b>
33 STREET ADDRESS	<b>9652 SW 20TERR</b>
34 CITY - ST - ZIP	<b>MIAMI FL 20TERR</b>
41 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>GUSTABO HERNANDEZ</b>
43 STREET ADDRESS	<b>9580 SW 20TERR</b>
44 CITY - ST - ZIP	<b>MIAMI, FL 33165</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOSE P. GUIJARRO** **3-25-95 (W)662-44-55**  
Signature and typed or printed name of signing officer or director