## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

## 1996

DOCUMENT # N49971

1. Corporation Name

(7)

GREEN BRIAR WEST TOWN HOUSES ASSOCIATION OF WEST CHESTER, INC.

CHESTER, INC.								
Principal Place	e of Business	М	Mailing Address				T TOURINGS BEE DEFINE FROM FRIENCE FOR THE BEAUTIFUL BEEN BEEN BEEN BEEN BEEN BEEN BEEN BEE	
C/O BALWANT CHEEMA 10300 SUNSET DRIVE. #155 MIAMI FL 33173			C/O BALWANT CHEEMA 10300 SUNSET DRIVE. #155 MIAMI FL 33173					
US			us				3. Date Incorporated or Qualified 07/21/1992 3a. Date of Last Report 04/04/1995	
2. Principal Place of Business 21			2a. Mailing Address				4. FEI Number Applied For 65-0350045 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Re	
23			28				Trust Fund Contribution Added to Fees	
Zip	Country	<u> </u>	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,	
24	9. Name and Address of Curren	29					Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	5. 11276 E.10 P.00105	. Hogic	norea Agent		81	Name		
GULIARR	RO, MR. JOSE P				82			
9617 S.W. 20 TERRACE			1			Street A	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33165			83					
					84	City	. <b>85</b> Zip Code	
11 Pursuant t	to the provisions of Sections 617 0500	and 61	7 1509 Florida Statut	ton the she		omed se	FL III	
or register	ed agent, or both, in the State of Florid	da Suci	change was authoria	zed by the o	corp	oration's b	corporation submits this statement for the purpose of changing its registered office s board of directors. I hereby accept the appointment as registered agent. I am	
iarrimar wi	th, and accept the obligations of, Sect	ion bir.	.0503, Fiorida Statute:	S.				
SIGNATURE .	Signature, typed or printed name of registered agent	and blie if	applicanie (NO	OTE: Flagistered	Аден	t signature re	required when reinstating) DATE	
12.	OFFICERS AN	DIREC	CTORS	13.	<del></del>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO		DELETE	1.1 Ti	TLE		President Change Addition	
NAME	GUIJARRO, JOSE P			1.2 N/	AME		Janet Gernandez	
STREET ADDRESS	9617 S.W. 20 TERRACE MIAMI FL			1.3 \$1	REET	ADDRESS	1	
CITY-ST-ZIP	VPD			1.4 CI		T - ZIP	9500. SID. ZO LET Behange Addition	
TITLE	PENNA, JOSEPH		<b>₽</b> DELETE	2 1 TI			VPO- (FAUSTO VALOES Addition	
NAME STREET ADDRESS	9641 SW 40 TERRACE			22 N			9505 S.W. 207ERR.	
CITY-ST-ZIP	MIAMI FL					ADDRESS	MIAMI, Fl. 33165.	
TITLE	SD		DELETE	2 4 C		il - ZIP		
NAME	INFANTE, ISABEL			3.2 N/			VELLY BUNCHIES -	
STREET ADDRESS	9652 SW 20 TERRACE					ADDRESS	4513 SW 2016RR. HIAMI, Fl. 33165	
CITY-ST-ZIP	MIAMI FL			3 4. C	ITY - S	I IT- <i>Z</i> iP	MIAMI, FL 33/65	
TITLE	T		DELETE	4 1 TI		_	, alange Addition	
NAME	HERNANDEZ, GUSTABO			4. 2 N	AME	1	1	
STREET ADDRESS	9500 SW 20 TERRACE			4.3 ST	REET	ADDRESS	· ·	
CITY-ST-ZIP	MIAMI FL		<del></del>	4.4 Ci				
TITLE	romeu, hugo		Luit	5.1 Til			(T) JOSE PEDRO GUIJARRO Addition 9617 SW 20 TERR MIAHI Fl. 33165	
NAME STREET ADDRESS	9509 SW 20TH TERR			52 NA		4500530	9617 SW 20TEDP	
CITY-ST-ZIP	MIAMI FL 33165					ADDRESS	WIRMI F1. 23/16	
TITLE			DELETE	5.4 CI		ı · ZIP	Change Addition	
NAME				6.2 NA			Change   Addition	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				6.4 CT	TV - ST	F- 71P		
14. I do hereb	y certify that the information supplied v	vith this	filing is voluntarily furn	nished and	does	not quali	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
oath; that I appears in	I am an officer or director of the corpor Block 12 or Block 13 if changed, or o	a repor ation of an at	yor supplemental ann Ithe receiver or truste achment with an add	iuai report is ie empower ress.	s tru ed t	e and acc o execute	alfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further courate and that my signature shall have the same legal effect as if made under the this report as required by Chapter 617, Florida Statutes; and that my name	

SIGNATURE: