

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004069 (1)

1. Corporation Name

GREENBRIER ON THE FAIRWAYS CONDOMINIUM ASSOCIATI  
ON, INC.

Principal Place of Business

Mailing Address

C/O WOODWARD, PIRES & ANDERSON, P.A.  
801 LAUREL OAK DR., SUITE 640  
NAPLES FL 33963C/O WOODWARD, PIRES & ANDERSON, P.A.  
801 LAUREL OAK DR., SUITE 640  
NAPLES FL 34108-2707

2. Principal Place of Business

2a. Mailing Address

21 % R. Kerr

26 % R. Kerr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 11408 Quail V.H. Way C202

27 11408 Quail V.H. Way C202

City &amp; State

City &amp; State

23 Naples FL

28 Naples FL

Zip

Country

Zip

Country

24 34119

25 USA

29 34119

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DARNELL G.  
1041 S. COLLIER BLVD.  
#401  
MARCO ISLAND FL 33937

81 Name

Raymond Kerr

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

11408 Quail Village Way

83 C202

84 City

Naples

FL

85 Zip Code  
34119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Raymond Kerr

Raymond Kerr President

3/11/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SHIRLEY, EARLE	
STREET ADDRESS	11404 QUAIL VILLAGE WAY, B-201	
CITY-ST-ZIP	NAPLES FL 33999	

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kerr, Raymond	
1.3 STREET ADDRESS	11408 Quail Village Way C202	
1.4 CITY-ST-ZIP	Naples, FL 34119	

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GLADCHUN, MADELINE	
STREET ADDRESS	11400 QUAIL VILLAGE WAY, A-101	

2.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dodd, Edward B	
2.3 STREET ADDRESS	11412 Quail Village Way D101	
2.4 CITY-ST-ZIP	Naples, FL 34119	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DARRELL G.	
STREET ADDRESS	1041 S. COLLIER BLVD., 401	
CITY-ST-ZIP	MARCO ISLAND FL 33937	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rosbatham, Fergus	
3.3 STREET ADDRESS	11400 Quail Village Way A201	
3.4 CITY-ST-ZIP	Naples, FL 34119	

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

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilson, Sharon	
4.3 STREET ADDRESS	11404 Quail Village Way B102	
4.4 CITY-ST-ZIP	Naples, FL 34119	

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

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

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

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

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond Kerr

Raymond Kerr, Pres.

3/11/97

541-597-6224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 541-597-6224

CR2E037 (9/96)