
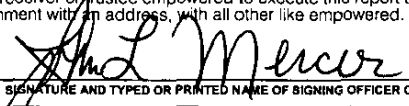


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 017 ****61.25

DOCUMENT # N97000001842					
1. Entity Name GREENBRIAR III AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE CT. SUITE 200 BONITA SPRINGS, FL 34135 US %Gulf Breeze Mgmt. Svcs. of /			Mailing Address 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US %Gulf Breeze Mgmt. Svcs.		
2. Principal Place of Business No P.O. Box # SW FL, LLC		3. Mailing Address of SW FL, LLC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0762691	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIDNER, RALPH L 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) %Gulf Breeze Mgmt. Svcs. of SW FL, LLC 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESSON, RICHARD 4120 BAYHEAD DRIVE, # 206 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, JOHN 4120 BAYHEAD DR # 101 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, DAVID A 4120 BAYHEAD DRIVE # 204 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mercer, John 4120 Bayhead Drive, #304 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		John L. Mercer		2/15/08 (239) 992-2694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

vb