

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 030 ****61.25

DOCUMENT # N98000000228 1. Entity Name GREENBRIAR VI AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business GULF BREEZE MGMT SVCS OF SW FL, LLC 27725 OLD 41 STE104 BONITA SPRINGS, FL 34135-5679			Mailing Address GULF BREEZE MGMT SVCS OF SW FL, LLC 27725 OLD 41 STE104 BONITA SPRINGS, FL 34135-5679		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0809214	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEIDNER, RALPH GULF BREEZE MGMT SERVICES, INC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135-5679				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GULF BREEZE MANAGEMENT SERVICES OF SW FL, LLC City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LECH, KAREN O'NEIL 4112 BAYHEAD DRIVE #102 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, RICHARD 4106 BAYHEAD DR #201 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Powell, J. Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, RICHARD 4106 BAYHEAD DR #101 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUTI, CHARLES P 4100 BAYHEAD DR #102 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krawczyk, Roberta 4121 Bayhead Drive, #101 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HESS, FRANCIS 4112 BAY HEAD DR. #201 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <i>Richard Powell</i> J. Richard Powell 2-19-04 239495-5664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					