


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90193 037 ****61.25

| | | | | | |
|---|--------------------------|---|---|--|--|
| DOCUMENT # N98000000228 1. Entity Name GREENBRIAR VI AT BONITA BAY CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business GULF BREEZE MGMNT SVCS OF SW FL., LLC 27725 OLD 41 STE104 BONITA SPRINGS, FL 34135-5679 | | | Mailing Address GULF BREEZE MGMNT SVCS OF SW FL., LLC 27725 OLD 41 STE104 BONITA SPRINGS, FL 34135-5679 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | 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 | | | | 7. Name and Address of New Registered Agent | |
| WEIDNER, RALPH GULF BREEZE MGMT. SERVICES OF SW FL, LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135-5679 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing <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 | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LECH, KAREN O'NEIL | | NAME | | |
| STREET ADDRESS | 4112 BAYHEAD DRIVE #102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | POWELL, J. RICHARD | | NAME | | |
| STREET ADDRESS | 4106 BAYHEAD DR #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SAMPSON, RICHARD | | NAME | | |
| STREET ADDRESS | 4106 BAYHEAD DR #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KRAWCZYK, ROBERTA | | NAME | | |
| STREET ADDRESS | 4121 BAYHEAD DRIVE #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HESS, FRANCIS | | NAME | | |
| STREET ADDRESS | 4112 BAY HEAD DR. #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 2-17-05 239 4955664 Date Daytime Phone # vb | | |