



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90009 025 ****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 8910 Terrene Court Suite, Apt. #, etc. Suite 200		3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200			
City & State 		City & State 		01062006 Chg-NP CR2E037 (11/05)	
Zip 		Zip 		4. FEI Number 65-0809214	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH GULF BREEZE MGMT. SERVICES OF SW FL, LLC 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) 8910 Terrene Court Suite 200 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LECH, KAREN O'NEIL <input type="checkbox"/> Delete 4112 BAYHEAD DRIVE #102 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, J. RICHARD <input type="checkbox"/> Delete 4106 BAYHEAD DR #201 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, RICHARD <input type="checkbox"/> Delete 4106 BAYHEAD DR #101 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAWCZYK, ROBERTA <input type="checkbox"/> Delete 4121 BAYHEAD DRIVE #101 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HESS, FRANCIS <input type="checkbox"/> Delete 4112 BAY HEAD DR. #201 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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: <i>J. Richard Powell</i> J. Richard Powell 2-16-06 2394955664 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb					