

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90198 018 ****61.25

DOCUMENT # N98000000228					
1. Entity Name GREENBRIAR VI AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135-5679			Mailing Address 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135-5679		
%Gulf Breeze Mgmt. Svcs. of / %Gulf Breeze Mgmt. Svcs. of					
2. Principal Place of Business No P.O. Box # SW FL, LLC			3. Mailing Address SW FL, LLC		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01032008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0809214				Applied For Not Applicable	
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 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135-5679			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			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	NAME LECH, KAREN O'NEIL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4112 BAYHEAD DRIVE #102	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME POWELL, J. RICHARD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4106 BAYHEAD DR #201	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME SAMPSON, RICHARD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4106 BAYHEAD DR #101	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME KRAWCZYK, ROBERTA	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4121 BAYHEAD DRIVE #101	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 4100 Bayhead Drive, #101	CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE VPD	NAME HESS, FRANCIS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4112 BAY HEAD DR. #201	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS	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 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>			2-15-08 2394955864		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			J. Richard Powell Date Daytime Phone # vb		