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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 770448 (9)

GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSO CIATION, INC.

Principal Place of Business

Mailing Address

**FILED** May 29 1996 8:00 am Secretary of State



| 7813 N. LAGOON DR.<br>PANAMA CITY BEACH FL 32408  |   | 7813 N. LAGOON DR.<br>PANAMA CITY BEACH FL 32408 |   |                  |  |                                    |
|---|---|--|---|------------------|--|------------------------------------|
|   | The second  | Transfer Will Decivity                           | L SETOU                                   | <u></u>          |  |                                    |
|   |   |  |   | 3.               | Date incorporated or Qualified 09/27/1983              | 3a. Date of Last Report 04/14/1995 |
|   | lace of Business  | 2a. Mailing Address                              | Compa Nac                                 | 4.               | FEI Number   | Applied For                        |
| 21 131  | 3 N. Lagoon Dr  |  | asoon Dr                                  |                  | 59-2738211   | Not Applicable                     |
| Suite, Apt.   | <u> </u>  | Suita Apt. #, etc. 27                            | <u>-I</u>                                 | 5.               | Certificate of Status Desired                          | \$8.75 Additional Fee Required     |
| 23 Panama City Beach 28 Panama City   |   |  | y Bch, FL                                 | I                | Election Campaign Financing<br>Trust Fund Contribution | \$5.00 May Be<br>Added to Fees     |
| 219 37404 25 Country BAY 29 37404 30 Cou  |   |  | Country BA                                |                  | This corporation has liability for in Florida Statutes |                                    |
| Name and Address of Current Registered Agent  |   |  |   |                  | Name and Address of New Re                             | , -                                |
| 81 Name Michael Nix   |   |  |   |                  |  |                                    |
| GOBBS ROBERT 82 Street Address  |   |  |   |                  |  | <u>a</u> )                         |
| 1035 S. JAN DR.   |   |  |   | 13 N             | O. Boy Number is Not Acceptable LASOW                  |                                    |
| PANAMA CITY BEACH FL 32404  B3  U11 + 9 - B   |   |  |   |                  |  |                                    |
|   |   |  | 84 City                                   | Panam            | a City Beach   | FL 85 30 Code 04                   |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligation of the corporation of the |   |  |   |                  |  |                                    |
| SIGNATURE 1/1/ Michael NIX. 4/8/96  |   |  |   |                  |  |                                    |
| 12.   | Signature, typed or printed name of registered agent an<br>OFFICERS AND |  | E Registered Agent signature of 13.       |                  |  | DATE                               |
| TITLE   | PD OFFICERS AND   | DINECTONS  | 11 TITLE                                  | TPD              | ADDITIONS/CHANGES TO OFFIC                             | JERS AND DIRECTORS IN 12    Change |
| NAME  | SHOOK, JERRY  | <u> </u>   | 1.2 NAME                                  |                  | , michael ,  | Al criande   vanition              |
| STREET ADDRESS  | 7813 N LAGOON DR  |  | 1.3 STREET ADDRESS                        | 7212             | AL LALKEN DY O   | 1-B                                |
| City-St-Zip   | PANAMA CITY BCH FL  | ,  | 1 4 CITY - ST - ZIP                       | Phina            | N. Laston Dr 9<br>ima City Ben,                        | 7 32408                            |
| TITLE   | VD  | DELETE   | 2 1 TITLE                                 | ATE V            | /n   | ☑ Change ☐ Addition                |
| NAME  | CLARK, BILL   |  | 2 2 NAMÉ                                  | Merci            | ado, Manual  | <del></del> ,                      |
| STREET ADDRESS  | 7813 N LAGOON DR  |  | 2.3 STREET ADDRESS                        | 3914             | ado, Manual<br>W. 30th Court                           |                                    |
| CITY-ST-ZIP   | PANAMA CITY BCH FL  |  | 2 4 CHTY+ST-ZIP                           | Panan            | na City, FL 321  | 405                                |
| TITLE   | TD  | DELETE   | 3 1 TITLE                                 | TD               | * '  | Change                             |
| NAME  | BARNHILL  |  | 3 2 NAME                                  | Nix,             | Diane  | ^ 0                                |
| STREET ADDRESS  | 7813 LAGOON DR 7D   |  | 3.3 STREET ADDRESS                        |                  | N. Laypon Dr   | 9-1221100                          |
| CITY-ST-ZIP   | PANAMA CITY BCH FL 32408  | Soriere  | 3.4 CITY-ST-ZIP                           | Yana:            | ma crty och ir   | 2 28400                            |
| TITLE   | SD POLIANCEM MEN  | DELETE   | 4.1 TITLE                                 | _5D              |  | Change 🔲 Addytion                  |
| NAME<br>CYPSET ADORSOS  | JOHANSEN, KEN<br>7813 N. LAGOON DR                                      |  | 4. 2 NAME                                 | DAYI             | S, LISA  |                                    |
| STREET ADDRESS  | PANAMA CITY BCH FL  |  | 4.3 STREET ADORESS                        | 1級1.2            | N. LASOTA Pr   | 5 5 Mina                           |
| CITY-ST-ZIP<br>TITLE  | FANAMA CITT DUTI FL   | DELETE   | 4.4 CITY - ST - ZIP                       | ruru             | amacity ben,   | 16 28400                           |
| NAME  |   | Cheren   | 5 1 TITLE                                 |                  | •  | Change  Addition                   |
| STREET ADDRESS  |   |  | 5.2 NAME                                  |                  |  |                                    |
| CITY-ST-ZIP   |   |  | 5 3 STREET ADDRESS<br>5 4 CITY - ST - ZIP |                  |  |                                    |
| TITLE   |   | DELETE   | 61 TITLE                                  | 1                |  | Change Addition                    |
| NAME  |   | <b></b>  | 62 NAME                                   |                  |  | A CT 26 Q/                         |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS                        |                  | il A A   | 1 11 3-67-76                       |
| CITY-ST-ZIP   |   |  | 6 4 CITY - ST - ZIP                       |                  | N 1)00 141   | M.V -                              |
|   | v certify that the information supplied with                            | th this files is yet interily furnis             |   | olific for the o | 4 20   | 12611                              |

I up riereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115 (07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: