FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90095 036 ****61.25

0010007

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770448**

1. Corporation Name
GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSO CIATION, INC.

Principal Place of Business	Mailing Address
7813 NORTH LAGOON DRIVE BOX 2-I PANAMA CITY BEACH FL 32408	7813 NORTH LAGOON DRIVE BOX 2-I PANAMA CITY BEACH FL 32408

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 09/27/1983

4. FEI Number: 59-2738211 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MERCADO, MANUEL
3918 W 20TH CT
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name: MS. REBA HODSON, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 7813 N. LAGOON DR. 8E
83
84 City: PANAMA CITY BEACH FL 85 Zip Code: 32408

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Reba Hodson - President 1-23-99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VICE PRES / DIRECTOR	☒ Change ☐ Addition
NAME	BARNES, JEFF		1.2 NAME	WOODY BRAGG	
STREET ADDRESS	7813 NORTH LAGOON DR UNIT 6-B		1.3 STREET ADDRESS	7813 N. LAGOON DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	PD	☒ DELETE	2.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	MERCADO, MANUEL		2.2 NAME	MRS. REBA HODSON	
STREET ADDRESS	3918 WEST 20TH COURT		2.3 STREET ADDRESS	7813 N. LAGOON DR. 8-E	
CITY-ST-ZIP	PANAMA CITY FL 32408		2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL. 32408	
TITLE	TD	☒ DELETE	3.1 TITLE	MS. CONNIE BARNHILL TREAS/D.	☒ Change ☐ Addition
NAME	NIX, DIANE		3.2 NAME	7813 N LAGOON DR - 1-D	
STREET ADDRESS	7813 NORTH LAGOON DRIVE UNIT 9-B		3.3 STREET ADDRESS	PANAMA CITY BEACH, FL 32408	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	MS. CONNIE BARNHILL SEC / TREAS	☒ Change ☐ Addition
NAME	DAVIS, LISA		4.2 NAME	7813 N. LAGOON DR. 1-D	
STREET ADDRESS	7813 NORTH LAGOON DRIVE UNIT 5-F		4.3 STREET ADDRESS	PANAMA CITY BEACH FL 32408	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	MS. BETTINA AUSTIN, DIR.	☒ Change ☐ Addition
NAME	NIX, MICHAEL		5.2 NAME	7813 N. LAGOON DR. 9-E	
STREET ADDRESS	7813 NORTH LAGOON DR UNIT 9-B		5.3 STREET ADDRESS	PANAMA CITY BEACH, FL 32408	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	THOMAS G. CREIGHTON DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	7813 N. LAGOON DR 9-D	
STREET ADDRESS			6.3 STREET ADDRESS	PANAMA CITY BEACH FL 32408	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] **SIGNATURE REQUIRED** President 1-23-99 (850) 234-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #