2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90133 023 ****61.25

DOCUMENT # 770448

1. Entity Name

GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSO

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 32408-5244

DO NOT WRITE IN THIS SPACE

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 59-2738211 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HOSSON, REBA~~ ~~7813 N. LAGOON RD. 8E~~ PANAMA CITY BEACH FL 32408	Name: Tim McPeters Street Address (P.O. Box Number is Not Acceptable): 7813 N. Lagoon DR. #3B City: Panama City Beach FL Zip Code: 32408

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.

SIGNATURE: Tim McPeters, Tim McPeters ~~TREASURER~~ President 4/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BRAGG, WOODY 7813 N. LAGOON DR PANAMA CITY BEACH FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~P~~ P/D McPeters, Tim 7813 N. Lagoon DR. #3B Panama City Beach FL 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOSSON, REBA 7813 N. LAGOON RD. 8E PANAMA CITY FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V/D Vrabel, Pat 7813 N. Lagoon DR #8F Panama City Beach FL 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BARNHILL, CONNIE 7813 N. LAGOON DR. 10 PANAMA CITY BEACH FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S/T/D ~~Gary~~ Currier, Gary 7813 N. Lagoon DR #9B Panama City Beach FL 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNHILL, CONNIE 7813 N. LAGOON DR. -10 PANAMA CITY BEACH FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Wainer, Steven 7813 N. Lagoon DR. #2H Panama City Beach FL 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTIN, BETTINA 7813 NORTH LAGOON DR UNIT 9-B PANAMA CITY BCH FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Kinser, Gail 7813 N. Lagoon DR #3C Panama City Beach FL 32408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARIBAM, THOMAS 7813 N. LAGOON DR 9-D PANAMA CITY BCH. FL 32408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Tim McPeters Tim McPeters President 4/22/00 850-913-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #