

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770448

1. Entity Name

GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSO

Principal Place of Business

7813 NORTH LAGOON DRIVE  
BOX 24  
PANAMA CITY BEACH FL 32408

Mailing Address

7813 NORTH LAGOON DRIVE  
BOX 24  
PANAMA CITY BEACH FL 32408

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

MCPETERS, TIM

7813 N LAGOON DR #38  
PANAMA CITY FL 32408

#38

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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          | PD                         | <input type="checkbox"/> Delete            |
| NAME           | MCPETERS, TIM              |                                            |
| STREET ADDRESS | 7813 N LAGOON DR #38       |                                            |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408 |                                            |
| TITLE          | VP                         | <input type="checkbox"/> Delete            |
| NAME           | VRABEL, PAT                |                                            |
| STREET ADDRESS | 7813 N LAGOON DR #8F       |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL 32408       |                                            |
| TITLE          | STD                        | <input type="checkbox"/> Delete            |
| NAME           | CURRIER, GARY              |                                            |
| STREET ADDRESS | 7813 N LAGOON DR #9B       |                                            |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408 |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | WAINER, STEVEN             |                                            |
| STREET ADDRESS | 7813 N LAGOON DR #2H       |                                            |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408 |                                            |
| TITLE          | D                          | <input type="checkbox"/> Delete            |
| NAME           | KINSER, GAIL               |                                            |
| STREET ADDRESS | 7813 N LAGOON DR #3C       |                                            |
| CITY-ST-ZIP    | PANAMA CITY BCH FL 32408   |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |

|                |  |                                                                              |
|----------------|--|------------------------------------------------------------------------------|
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

850-747-1510

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)