

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 045 ****61.25

DOCUMENT # 770448

1. Entity Name

**GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**7813 NORTH LAGOON DRIVE
BOX 2-I
PANAMA CITY BEACH FL 32408**

Mailing Address

**7813 NORTH LAGOON DRIVE
BOX 2-I
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



MOORE

CR2E037 (11/03)

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

**CURRIER, GARY
7813 N LAGOON DR 9B
PANAMA CITY FL 32408**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **ST** ☐ Delete
NAME **CASON, BUFORD**
STREET ADDRESS **7813 N LAGOON DR 7A**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **President** ☒ Change ☐ Addition
NAME **Jim Foster**
STREET ADDRESS **7813 N LAGOON DR #3C**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **P** ☐ Delete
NAME **CURRIER, GARY**
STREET ADDRESS **7813 N LAGOON DR #9B**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **vice president** ☒ Change ☐ Addition
NAME **ALLAN HERSEY**
STREET ADDRESS **105 Enterprise Ct.**
CITY-ST-ZIP **Colo. GA 31904**

TITLE **VPD** ☐ Delete
NAME **KINSEY, GAIL**
STREET ADDRESS **7813 N LAGOON DR #8E**
CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **MACK KINSEY**
STREET ADDRESS **3820 River Rd**
CITY-ST-ZIP **Colo. GA 31904**

TITLE **D** ☐ Delete
NAME **COTTLE, MARLENE**
STREET ADDRESS **7813 N. LAGOON DR. 9E**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, WALT**
STREET ADDRESS **7813 N. LAGOON DR. 7B**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MACK KINSEY

2/16/04

706-660-0094