2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90108 050 ****70.00

| DOCUI | MFNT# | 770448 | |
|-------|-------|--------|--|

Principal Place of Business

7813 NORTH LAGOON DRIVE

1. Entity Name
GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSOCIATION, INC.



BOX 2-I BOX 2-I PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408

Mailing Address

7813 NORTH LAGOON DRIVE

20034551



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|---|--|-------------------------------|--|---|---|------------|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 1 10001 10001 10001 10001 10001 | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01272005 Chg-NP | CR2E037 (10/03) | | | | |
| City & State | | City & State | City & State | | ⊢ | plied For | | | |
| Zip | Zip Country Zip | | Country | | | | | | |
| | | | | | | | | | |
| KINSER, MACK | | | Name MA | | | | | | |
| 7813 N LAGOON DR, 8-E PANAMA CITY, FL 32408 | | | Street Address | Street Address (P.O. Box Number is Not Acceptable). | | | | | |
| | ,. = ===== | | | | | | | | |
| | | | City DAMA | ma City Ach. | FL Zip Code | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| | Mach Ten |) /sen | | | 4/12/05 | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and trie if applicable. (NOT | E: Registered Agent signature requi | red when reinstating) | DATE | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | | mpaign Financing Contribution. | \$5.00 May Be Added to Fees | Make check payable to Florida Department of Si | | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES TO | OFFICERS AND DIRECTORS IN | 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KERSEY, BONNIE 105 ENTERPRISE COURT COLUMBUS, GA 31904 | ☑ | TITLE NAME STREET ADORESS CITY-ST-ZIP | | Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | THE V Delete FOSTER, PAM REET ADDRESS 7813 NORTH LAGOON DRIVE, 3-C | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | |
| TITLE . NAME_ STREET ADDRESS CITY-ST-ZIP | T KINSER, MACK 3820 RIVER RD. COLUMBUS, GA 31908 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALLAN Kensey 1 105 ENTER Priso C Cols GA. 3190 | ont Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Change | Addition | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | PANA VITIAMS V. | Ores Delete Unit 65 Fh. 32404 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | mutific that the information numblind with | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 0-11-4007(0)() 5-11-5 | ` Change | Addition | | | |

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/(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:

706-660-0094