# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 14, 2003 8:00 am**
**Secretary of State**
01-14-2003 90043 028 ****61.25

DOCUMENT # 770448

1. Entity Name

GREENWOOD ESTATES MASTER CONDOMINIUM OWNERS ASSOCIATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

| 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**

MCPETERS, TIM
7813 N LAGOON DR #38
PANAMA CITY FL 32408

**7. Name and Address of New Registered Agent**

Name Gary Currier
Street Address (P.O. Box Number is Not Acceptable) 7813 N. Lagoon Dr. 9B
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gary E. Currier, President 1/10/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCPETERS, TIM<br>7813 N LAGOON DR #3B<br>PANAMA CITY BEACH FL 32408 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CURRIER, GARY<br>7813 N LAGOON DR #9B<br>PANAMA CITY BEACH FL 32408 | ☐ Delete | P | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KINSER, GAIL<br>7813 N LAGOON DR #8E<br>PANAMA CITY BCH FL 32408 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Marlene Cottle<br>7813 N. Lagoon Dr. 9E<br>Panama City Beach, FL 32408 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Walt Brown<br>7813 N. Lagoon Dr. 7B<br>Panama City Beach, FL 32408 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ST<br>Buford Cason<br>7813 N. Lagoon Dr. 7A<br>Panama City Beach, FL 32408 | ☐ Change ☑ Addition |

CR2E037 (10/02)

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:** Gary E. Currier, President 1/10/03 (850) 747-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #