

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002598

FILED
Jan 25, 2005
Secretary of State

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3390926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERALD COAST ASSOCIATION MANAGEMENT, INC.
10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODFREY, DICK
Address: 257 AZALEA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: STD (X) Delete
Name: BAKER, VIRGINIA
Address: 257 AZALEA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: DVP () Delete
Name: WITBECK, NORMAN
Address: 1801 CRYSTAL DR # 808
City-St-Zip: ARLINGTON, VA 22202

Title: D () Delete
Name: LEE, ROBERT
Address: 1234 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DICK GODFREY

PD

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date