

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002598

**FILED**  
**Apr 06, 2023**  
**Secretary of State**  
**4869158983CC**

**Entity Name:** GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY W  
STE 5  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY W  
STE 5  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 59-3390926**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PKWY W  
STE 5  
MIRAMAR BEACH, FL 32550 US

*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

**Officer/Director Detail :**

Title VP  
Name ENGLAND, RYAN  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title TREASURER  
Name SHIFLET, STEPHEN  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title PRESIDENT  
Name MICHEL, DEBBIE  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name WESTENDORF, WILLIAM  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title SECRETARY  
Name NELSON, NATHAN  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name HIDALGO, GREG  
Address 10221 EMERALD COAST PKWY W  
SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name BOYES, SIMON  
Address 10221 EMERALD COAST PKWY W  
STE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

*I hereby 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 all other like empowered.*

**SIGNATURE: DEBBIE MICHEL**

**PRESIDENT**

**04/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date