

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 001 ****61.25

DOCUMENT # 770448

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



40085450



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04242007 Chg-NP CR2E037 (12/06)

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

**KINSER, MACK
 7813 N LAGOON DR
 UNIT 8E
 PANAMA CITY, FL 32408**

7. Name and Address of New Registered Agent

Name **JERRY SHOOK**
 Street Address (P.O. Box Number is Not Acceptable)
7813 N LAGOON DR 5D
 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 **JERRY SHOOK PRESIDENT** **4 24 07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KINSER, MACK	
STREET ADDRESS	3820 RIVER RD.	
CITY-ST-ZIP	COLUMBUS, GA 31908	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KERSEY, ALLAN	
STREET ADDRESS	105 ENTERPRISE CT	
CITY-ST-ZIP	COLUMBUS, GA 31904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, PAULA	
STREET ADDRESS	7813 N LAGOON DR, UNIT 6C	
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shook, Jerry	
STREET ADDRESS	7813 N. LAGOON DR. 5-D	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY WILKES	
STREET ADDRESS	7813 N. LAGOON DR 5-B	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY COPEL	
STREET ADDRESS	7813 N. LAGOON DR 3B	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Jerry Shook** **4 24 07** **850 2367113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #