

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **770449 (7)**  
1. Corporation Name  
**GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **7813 N LAGOON DR. PANAMA CITY BEACH FL 32408**  
Mailing Address: **7813 N LAGOON DR. PANAMA CITY BEACH FL 32408**

3. Date Incorporated or Qualified: **09/27/1983**  
3a. Date of Last Report: **04/14/1995**

21	2. Principal Place of Business <b>7813 N. Lagoon Dr</b>	26	2a. Mailing Address <b>7813 N. Lagoon Dr</b>	4.	FEI Number <b>59-2738211</b>	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc. <b>Box 2 - I</b>	27	Suite, Apt. #, etc. <b>Box 2 - I</b>	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State <b>Panama City Bch, FL</b>	28	City & State <b>Panama City Bch, FL</b>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip <b>32408</b>	25	Country <b>BAY</b>	29	Zip <b>32408</b>	30	Country <b>BAY</b>
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GOBBS ROBERT 1035 S. JAN DR. PANAMA CITY BEACH FL 32408</b>				10. Name and Address of New Registered Agent			
81	Name <b>Michael Nix</b>			85	Zip Code <b>32408</b>		
82	Street Address (P.O. Box Number is Not Acceptable) <b>7813 N. Lagoon Dr</b>						
83	Unit <b>Unit 9-B</b>						
84	City <b>Panama City Bch</b>			85	State <b>FL</b>		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *Michael Nix* DATE: **4/16/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOINER, BERNICE			1.2 NAME	Buxton, DAVID		
STREET ADDRESS	7813 N LAGOON DR			1.3 STREET ADDRESS	7813 N. Lagoon Dr 8-F		
CITY-ST-ZIP	PANAMA CITY BCH FL			1.4 CITY-ST-ZIP	Panama City Bch, FL 32408		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUXTON, DAVID			2.2 NAME	Nix, Michael		
STREET ADDRESS	7813 NO LAGOON DR			2.3 STREET ADDRESS	7813 N. Lagoon Dr 9-B		
CITY-ST-ZIP	PANAMA CITY BCH FL			2.4 CITY-ST-ZIP	Panama City Bch, FL 32408		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNHILL CONNIE			3.2 NAME	Nix, Diane		
STREET ADDRESS	7813 N. LAGOON DR. 7D			3.3 STREET ADDRESS	7813 N. Lagoon Dr 9-B		
CITY-ST-ZIP	PANAMA CITY BCH FL			3.4 CITY-ST-ZIP	Panama City Bch, FL 32408		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHANSEN, KEN			4.2 NAME	DAVIS, LISA		
STREET ADDRESS	7813 N. LAGOON DR.			4.3 STREET ADDRESS	7813 N. Lagoon Dr 5-F		
CITY-ST-ZIP	PANAMA CITY BCH FL			4.4 CITY-ST-ZIP	Panama City Bch, FL 32408		
TITLE		<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS	900001043079		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	-05/29/96--01117--007		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Lisa Davis* DATE: **4/17/96** DAYTIME PHONE #: **904-769-2515**

CR2E037 (12/95)