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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770449

(7)

1. Corporation Name

GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 324087813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 32408-52443. Date Incorporated or Qualified
09/27/19833a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2738211Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIX, MICHAEL
7813 NORTH LAGOON DRIVE
UNIT 9-B
PANAMA CITY BEACH FL 32408

81 Name

JOHN C MADDUX

82 Street Address (P.O. Box Number is Not Acceptable)

7813 NORTH LAGOON DR - UNIT 9F

83

84 City

PANAMA CITY BEACH

FL

85 Zip Code

32408

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 *John C. Maddux*

JOHN C. MADDUX

FEB 11, 1997

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BUXTON, DAVID
STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 8-F
CITY-ST-ZIP PANAMA CITY BEACH FL 324081.1 TITLE John Maddux ☒ Change ☐ Addition
1.2 NAME 7813 N. Lagoon Dr #9-F
1.3 STREET ADDRESS Panama City Bch, FL 32408
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME NIX, MICHAEL
STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 9-B
CITY-ST-ZIP PANAMA CITY BEACH FL 324082.1 TITLE Jane Maddux ☒ Change ☐ Addition
2.2 NAME 7813 N. Lagoon Dr 1-A
2.3 STREET ADDRESS Panama City Bch, FL 32408
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME NIX, DIANE
STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 9-B
CITY-ST-ZIP PANAMA CITY BEACH FL 324083.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME DAVIS, LISA
STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 5-F
CITY-ST-ZIP PANAMA CITY BEACH FL 324084.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 *John C. Maddux* JOHN C. MADDUX

904-234-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000000

CR2E037 (9/96)