


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770449** (7)
1. Corporation Name
GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7813 NORTH LAGOON DRIVE BOX 24 PANAMA CITY BEACH FL 32408	Mailing Address 7813 NORTH LAGOON DRIVE BOX 24 PANAMA CITY BEACH FL 32408
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3. Date Incorporated or Qualified 09/27/1983	4. FEI Number 59-2738211	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADDOX, JOHN C
7813 N LAGOON DR UNIT 9F
PANAMA CITY BEACH FL 32408**

81 Name Jeff Barnes
82 Street Address (P.O. Box Number is Not Acceptable) 7813 N. Lagoon Dr Unit 6-B
83
84 City Panama City Bch 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

Jeff Barnes
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-12-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NIX, DIANE	
STREET ADDRESS	7813 NORTH LAGOON DRIVE UNIT 9-B	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, LISA	
STREET ADDRESS	7813 NORTH LAGOON DRIVE UNIT 5-F	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HADDOX, JANE	
STREET ADDRESS	7813 N LAGOON DR 1A	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MADDOX, JOHN	
STREET ADDRESS	7813 N LAGOON DR #9F	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President - Jeff Barnes
4.3 STREET ADDRESS	7813 N. Lagoon Dr Unit 6-B
4.4 CITY-ST-ZIP	Panama City Bch, FL 32408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Jeff Barnes 2/17/98 850-235-1244

CP2E037 (10/97)