

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90091 027 ****61.25

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DOCUMENT # 770449

1. Corporation Name

GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
7813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 32408Mailing Address
7813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/27/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2738211Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, JEFF
7813 N LAGOON DR
UIT 6-B
PANAMA CITY BEACH FL 3240881 Name **Reba Hobson**
82 Street Address (P.O. Box Number is Not Acceptable)
7813 N. Lagoon Dr. SE
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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	NIX, DIANE	7813 NORTH LAGOON DRIVE UNIT 9-B	PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/>
SD	DAVIS, LISA	7813 NORTH LAGOON DRIVE UNIT 5-F	PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/>
VD	HADDOX, JANE	7813 N LAGOON DR 1A	PANAMA CITY BEACH FL	<input checked="" type="checkbox"/>
P	JEFF, BARNES	7813 N LAGOON DR, UNIT 6-B	PANAMA CITY FL 32408	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	MS. Gail Quirey	7813 N. Lagoon Dr. 1-D	Panama City Beach FL 32408		MR. Woody Bligg	7813 N. Lagoon Dr. 4-C	Panama City Beach FL 32408		S/T - Director	Gail Quirey	7813 N. Lagoon Dr. 1-F		VICE PRESIDENT	MR. TITMUS 6. CORRIGAN	7813 N. Lagoon Dr. 9-D								

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)