2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **770449** 1. Entity Name GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC. 05-02-2000 90133 044 ****61.25 Principal Place of Business Mailing Address 7813 NORTH LAGOON DRIVE 7813 NORTH LAGOON DRIVE **BOX 21 BOX 2-I** PANAMA CITY BEACH FL 32408-5244 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2738211 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. reters **BARNES, JEFF** -7813 N LAGOON DR *UIT O-B * PANAMA CITY BEACH FL 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. SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. P/D ☐ Change TITI F TD Delete Currier, Gary Dr # 98 NAME NIX. DIANE STREET ADDRESS STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 9-B CITY-ST-7IP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 X Delete TITLE TITLE SD NAME NAME DAVIS, LISA STREET ADDRESS STREET ADDRESS 7813 NORTH LAGOON DRIVE UNIT 5-F CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 TITLE Delete TITLE Peters, Jim NAME NAME HADDOX, JANE STREET ADDRESS STREET ADDRESS 7813 N LAGOON DR 1A N. Lagoon CITY-ST-ZIP City Beach FL CITY-ST-ZIP PANAMA CITY BEACH FL Delete TITLE TITLE NAME NAME BARNES, JEFF STREET ADDRESS STREET ADDRESS 7813 N LAGOON DR, UNIT 6-B CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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. TREASURER, 4/22/00 850-9/3-1500

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