

# 2002 UNIFORM BUSINESS REPORT (UBR)

1

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90013 048 \*\*\*\*61.25

**DOCUMENT # 770449**

1. Entity Name

**GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7813 NORTH LAGOON DRIVE  
BOX 24  
PANAMA CITY BEACH FL 32408

7813 NORTH LAGOON DRIVE  
BOX 24  
PANAMA CITY BEACH FL 32408

16701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2738211**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADDEX, KENNETH**  
**7813 N LAGOON DR**  
**UNIT 1A**  
**PANAMA CITY BEACH FL 32408**

Name **JAMES HARRIS**

Street Address (P.O. Box Number is Not Acceptable)  
**7813 N LAGOON DR 4C**

City **PANAMA CITY BEACH** FL Zip Code **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

*James Harris*  
Signature, typed or printed name of registered agent and title if applicable.

*Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

*1/12/02*  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete  
NAME **SHOOK, JERRY**  
STREET ADDRESS **7813 N. LAGOON DR UNIT #5D**  
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CURRIER, GARY**  
STREET ADDRESS **7813 N LAGOON DR 9B**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **DVP** ☒ Delete  
NAME **WILKES, GARY**  
STREET ADDRESS **7813 N. LAGOON DR. UNIT 1A**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **SHOOK, JERRY**  
STREET ADDRESS **7813 N LAGOON DR 5D**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **STD** ☒ Delete  
NAME **HADDOX, KENNETH**  
STREET ADDRESS **7813 N LAGOON DR UNIT 1A**  
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **SECRETARY/TREASURER** ☒ Change ☐ Addition  
NAME **HARRIS, JAMES**  
STREET ADDRESS **7813 N LAGOON DR 4C**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*James Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)