2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 19, 2004 8:00 am Secretary of State DOCUMENT # 770449 1. Entity Name 02-19-2004 90010 032 ****61.25 GREENWOOD ESTATES HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 7813 NORTH LAGOON DRIVE 7813 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2738211 Not Applicable Country 7ip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, JAMES Street Address (P.O. Box Number is Not Acceptable) 7813 N LAGOON DR 4C PANAMA CITY BEACH FL 32408 Zip Code 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. I am familiar with, and accept the obligations of registered agent MACK KINSER SIGNATUR Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT Change ☐ Addition TITLE ☐ Delete TITLE HARRIS, JAMES JIM FOSTER NAME NAME 7813 N LAGOON DR 4C 7813 N. LAGOON DR #3C STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH 32408 ☐ Delete ☐ Addition TITLE TITLE KINTER, MACK ALLAN Kensey 105 ENTERprise ct. NAME NAME 7813 N.LAGOON DR 8E STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP Columbus GA. 31904 **VPD** MACK KINCER TITLE Delete TITLE ☐ Addition FOSTER, JIM ---NAME NAME **7813 LAGOON DR 3C** 3820 RIver Rd STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

FILED

TURE AND THE CONTRIBUTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: