

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90086 049 \*\*\*\*61.25

**DOCUMENT # 770449**

1. Entity Name  
**GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7813 NORTH LAGOON DRIVE  
BOX 2-I  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**7813 NORTH LAGOON DRIVE  
BOX 2-I  
PANAMA CITY BEACH, FL 32408**



2. Principal Place of Business

3. Mailing Address

04292005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
~~59-2738244~~ **59-1497505**

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

**HARRIS, JAMES  
7813 N LAGOON DR 4C  
PANAMA CITY BEACH, FL 32408**

Name **John Phillips**

Street Address (P.O. Box Number is Not Acceptable)

**7813 N. Lagoon Drive #1B**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **KENSEY, ALLAN**  
STREET ADDRESS **105 ENTERPRIZE CT**  
CITY-ST-ZIP **COLUMBUS, GA 31904**

TITLE **T** ☐ Delete  
NAME **KINSER, MACK**  
STREET ADDRESS **3820 RIVIN RD**  
CITY-ST-ZIP **COLUMBUS, GA 31904**

TITLE **P** ☒ Delete  
NAME **FOSTER, JIM**  
STREET ADDRESS **7813 N. LAGOON DR. # 3C**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **Phillips, John**  
STREET ADDRESS **7813 N. Lagoon Drive #1B**  
CITY-ST-ZIP **Panama City Beach, FL 32408**

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

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #