


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90236 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip-	Country	Zip	Country		
4. FEI Number 59-2497505				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, JOHN 7813 N LAGOON DR 1B PANAMA CITY BEACH, FL 32408			Name Kenneth Haddox Street Address (P.O. Box Number is Not Acceptable) 7813 N Lagoon Dr / A Panama City Beach, FL City 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 <u><i>Kenneth C Haddox Sr.</i></u> DATE <u><i>25 Apr 07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENSEY, ALLAN 105 ENTERPRIZE CT COLUMBUS, GA 31904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEN HADDOX 7813 N. Lagoon Dr. 1-A PANAMA CITY BEACH, FL 32408
					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSER, MACK 3820 RIVIN RD COLUMBUS, GA 31904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JERRY SHOOK 7813 N. Lagoon Dr. 5-D PANAMA CITY BEACH, FL 32408
					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, JOHN 7813 N LAGOON DR #1B PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Kenneth C Haddox Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><i>25 Apr 07</i></u> Daytime Phone # <u><i>850 230 6870</i></u>	