

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

01-15-2003 90299 015 ****61.25

DOCUMENT # 770449

1. Entity Name

GREENWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**7813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 32408**

Mailing Address

**7813 NORTH LAGOON DRIVE
BOX 24
PANAMA CITY BEACH FL 32408**

55005933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2738211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CURRIER, GARY	
STREET ADDRESS	7813 LAGOON DR 9B	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32908	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SHOOK, JERRY	
STREET ADDRESS	7813 N LAGOON DR 5D	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HARRIS, JAMES	
STREET ADDRESS	7813 N LAGOON DR 4C	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Kinter D	
STREET ADDRESS	7813 N. Lagoon Dr. 8E	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Foster D	
STREET ADDRESS	7813 N. Lagoon Dr. 3B C	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
JAMES HARRIS

James Harris S/T 1/10/03

(850) 747-1510

Date

Daytime Phone #

CR2037 (10/02)