2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002598

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS

ASSOCIATION, INC.

Apr 28, 2014 Secretary of State CC9993570781

FILED

Current Principal Place of Business:

10221 EMERALD COAST PKWY W

STE 23

MIRAMAR BEACH, FL 32550

Current Mailing Address:

10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3390926 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

GELDER, JAY B 10221 EMERALD COAST PKWY W **STF 23** MIRAMAR BEACH, FL 32550 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **TREASURER** EBERHART, JESSUP Name Name HOPSON, JIM

Address 10221 EMERALD COAST PKWY. W, Address 10221 EMERALD COAST PKWY. W,

> SUITE 23 SUITE 23

MIRAMAR BEACH FL 32550 MIRAMAR BEACH FL 32550 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR**

BEAM, DORIS WITBECK, NORM Name Name

10221 EMERALD COAST PKWY. W, 10221 EMERALD COAST PKWY. W, Address Address

SUITE 23 SUITE 23

City-State-Zip: MIRAMAR BEACH FL 32550 City-State-Zip: MIRAMAR BEACH FL 32550

Title VΡ Title SECRETARY

GRAVES, JERRY Name Name LAUNCH, CINDY

10221 EMERALD COAST PKWY. W, Address 10221 EMERALD COAST PKWY. W, Address

SUITE 23 SUITE 23

City-State-Zip: MIRAMAR BEACH FL 32550 City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR Title DIRECTOR

Name BLOUNT, VICTORIA Name JOHNSON, DWAYNE

10221 EMERALD COAST PKWY W, 10221 EMERALD COAST PKWY W, Address Address

SUITE 23 SUITE 23

City-State-Zip: MIRAMAR BEACH FL 32550 City-State-Zip: MIRAMAR BEACH FL 32550

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/28/2014 SECRETARY SIGNATURE: CINDY LAUNCH