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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 JUN -8 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724367 (8)

1. Corporation Name

LAGOON VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% AMELIA ISLAND MANAGEMENT INC.
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034

% AMELIA ISLAND MANAGEMENT INC.
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1972

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1567340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY.
AMELIA ISLAND FL 32034

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ELMS, HARRIET
STREET ADDRESS	1208 LAGOON VILLAS
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	DP
NAME	MADDOX, GUY
STREET ADDRESS	109 MARION DR.
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	D
NAME	MILLER, JOSEPH S.
STREET ADDRESS	2888 HABERSHAM RD. NW
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	THOMPSON, JIM
STREET ADDRESS	1213 LAGOON VILLAS
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	STD
5.3 STREET ADDRESS	Harris, Diane
5.4 CITY - ST - ZIP	1216 Lagoon Villas Amelia Island, FL 32034
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane M. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95
(Date)

277-0897
(Telephone #)