

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90128 036 ****61.25

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DOCUMENT # 724367

1. Corporation Name

LAGOON VILLAS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/18/1972

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **STD** ☐ DELETE
NAME **JUERGENSMEYER, JULIAN**
STREET ADDRESS **BOX 117625 N/A**
CITY-ST-ZIP **GAINESVILLE FL 32611**

TITLE **VP** ☐ DELETE
NAME **HEAD, PAUL**
STREET ADDRESS **P.O. BOX 1183 N/A**
CITY-ST-ZIP **GRIFFIN GA 30224**

TITLE **D** ☐ DELETE
NAME **GELBACH, MYRON**
STREET ADDRESS **6029 JOSHUA RD**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**

TITLE **D** ☐ DELETE
NAME **HARRIS, DIANE**
STREET ADDRESS **3507 RIVERSIDE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE
NAME **MADDOX, GUY**
STREET ADDRESS **1231 MARION DR**
CITY-ST-ZIP **FERNANDINA BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY MADDOX

Date

03/11/99

Daytime Phone #

904/261-9129

CR2E037 (1/98)