

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90081 038 ****61.25

DOCUMENT # 724367

1. Entity 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

C0040013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1567340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JUERGENSEMEYER, JULIAN
BOX 117625 N/A
GAINESVILLE FL 32611☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
McDONALD, DENISE
1203 LAGOON VILLAS
AMELIA ISLAND, FL 32034☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HEAD, PAUL
P.O. BOX 1183 N/A
GRIFFIN GA 30224☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
P.O. BOX 3509 N/A
PEACHTREE GA 30269☒ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GELBACH, MYRON
6029 JOSHUA RD
FORT WASHINGTON PA 19034☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, DIANE
3507 RIVERSIDE AVE.
JACKSONVILLE FL☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MADDOX, GUY
1231 MARION DR
FERNANDINA BCH FL☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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: *Denise McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENISE McDONALD

03/01/00

904-491-1968

Date

Daytime Phone #