

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90050 023 ****61.25

DOCUMENT # 724367

1. Entity 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**

24017528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1567340

Applied For
☐ Not Applicable

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
David B. Gregory

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

3000 First Coast Highway

City
Amelia Island

FL

Zip Code
32034

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FETHERSON, JAMES
STREET ADDRESS 335 HIGHBRIDGE CHASE
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KAUR, DONALD
STREET ADDRESS 31 GREAT OAK DRIVE
CITY-ST-ZIP HUDSON, OH 44236

TITLE STD ☒ Change ☐ Addition
NAME Kauer, Donald
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LYONS, BONNIE
STREET ADDRESS 1201 EAGOON VILLAS
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE 1201 Lagoon Villas ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME ROBERTS, STEVEN
STREET ADDRESS 3300 SOMERSET COURT
CITY-ST-ZIP MARIETTA, GA 30067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Ewing, Katherine
STREET ADDRESS 1214 Beach Walker Road
CITY-ST-ZIP Amelia Island, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME McDonald, Denise
STREET ADDRESS 1203 Beach Walker Road
CITY-ST-ZIP Amelia Island, FL 32034

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE EWING

Date

Daytime Phone #

02/27/04 904-261-5597