

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90037 025 \*\*\*\*61.25

<b>DOCUMENT # 724367</b> 1. Entity Name <b>LAGOON VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034</b>			Mailing Address <b>% AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1567340</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREGORY, DAVID AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034</b>				Name <b>Jack B. Healan, Jr.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3000 First Coast Hwy</b> City <b>Amelia Island, FL</b> Zip Code <b>32034</b>	
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 <u>Jack B. Healan, Jr.</u> <span style="float: right;">3/12/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYMTHE, EDWARD		NAME	SEE ATTACHED PAGE	
STREET ADDRESS	6705 CRYSTAL LAKE DR		STREET ADDRESS		
CITY - ST - ZIP	KNOXVILLE, TN 37919		CITY - ST - ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, JULEE B		NAME		
STREET ADDRESS	52 WOODSTORK LANE		STREET ADDRESS		
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FETHERSTON, JAMES		NAME		
STREET ADDRESS	70 SOUTHWOOD RD		STREET ADDRESS		
CITY - ST - ZIP	AKRON, OH 44313		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, DENISE		NAME		
STREET ADDRESS	1203 BEACHWALKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	AMELIA ISLAND, FL 32034		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, DENNIS		NAME		
STREET ADDRESS	1213 BEACHWALKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	AMELIA ISLAND, FL 32034		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Dennis Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-15-08</u> Daytime Phone # <u>828-371-0817</u>		

ATTACHMENT 50000702  
# 724367

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**LAGOON VILLAS ASSOCIATION, INC.**

11. OFFICERS AND DIRECTORS - **ADDITIONS:**

Director:	Donald Kauer
	31 Great Oak Drive
	Hudson, OH 44236