2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000008706

1. Entity Name
LAGOON VISTA COMMUNITY IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4997 SANCHEZ LANE PENSACOLA, FL 32507	4997 SANCHEZ LANE PENSACOLA, FL 32507

02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0197172
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, MARIE G
5053 CHALLENGER WAY
PENSACOLA, FL 32507

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~Filing Fee is $61.25~~
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ ~~$5.00~~ May Be Added to Fees

000000119099
04/19/04-80087-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGOUGH, WILLIAM
STREET ADDRESS	10430 GULF BEACH HWY
CITY-ST-ZIP	PENSACOLA BEACH, FL 32507
TITLE	V
NAME	TOMPKINS, JIMMY
STREET ADDRESS	4893 SANCHEZ LN
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	ST
NAME	HAWKINS, BETTY
STREET ADDRESS	4997 SANCHEZ LN
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Betty Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #