2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State DOCUMENT # N03000008706 05-04-2005 90157 036 ****61.25 LAGÓON VISTA COMMUNITY IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 4997 SANCHEZ LANE 4997 SANCHEZ LANE PENSACOLA, FL 32507 PENSACOLA, FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 30-0197172 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, MARIE G Street Address (P.O. Box Number is Not Acceptable) 5053 CHALLENGER WAY PENSACOLA, FL 32507 Ĉítv 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. 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 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition MCGOUGH, WILLIAM NAME MAME Tompkins STREET ADDRESS 10430 GULF BEACH HWY STREET ADDRESS \$893 Sano CITY-ST-ZIP PENSACOLA BEACH, FL 32507 CITY-ST-730 Pensacola TITLE Change ☐ Addition Delete TITLE TOMPKINS, JIMMY NAME NAME STREET ADDRESS 4893 SANCHEZ LN STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP CITY-ST-ZIP ST Change Addition HILL 🙀 Delete HAWKINS, BETTY Carole NAME NAME STREET ADDRESS 4997 SANCHEZ LN STREET ADORESS PENSACOLA, FL 32507 CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change TITLE ☐ Addition NAME NAME Hawkins 4997 San STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rensacob TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 readyer 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 attact

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SIGNATURE: