

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:09

DOCUMENT # **N05835 (6)**  
1. Corporation Name  
**POINT LAGOON COMMUNITY ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
8501 N. LAGOON DR. #100 PANAMA CITY BCH. FL 32408  
8501 N. LAGOON DR. #100 PANAMA CITY BCH. FL 32408

3. Date incorporated or Qualified 10/25/1984 3a. Date of Last Report 02/10/1994  
4. FEI Number 59-3026296 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 20 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
HESS, GLENN L.  
9108 W. HIGHWAY 98A  
PANAMA CITY BCH. FL 32408

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MAZEROSKI, JILL
STREET ADDRESS	8501 N LAGOON DR 504
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	VD
NAME	THOMAS JONES
STREET ADDRESS	8501 N LAGOON DR 211
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	PD
NAME	SMITH, CARLETON W.
STREET ADDRESS	8501 N. LAGOON DR. #109
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	TD
NAME	TINLEY, GEORGIA A.
STREET ADDRESS	8501 N LAGOON DR 305
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEN SCISM	
1.3 STREET ADDRESS	8501 N LAGOON DR 101	
1.4 CITY-ST-ZIP	PANAMA CITY BCH. FL	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANICE WILSON	
2.3 STREET ADDRESS	8501 N LAGOON DR 110	
2.4 CITY-ST-ZIP	PANAMA CITY BCH. FL	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID WILHITE	
3.3 STREET ADDRESS	8501 N LAGOON DR 307	
3.4 CITY-ST-ZIP	PANAMA CITY BCH. FL	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHERRIE SCISM	
4.3 STREET ADDRESS	8501 N LAGOON DR 101	
4.4 CITY-ST-ZIP	PANAMA CITY BCH. FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherrie A. Scism 1/21/95 (904) 785-7404  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
Sherrie A. Scism, Secretary