

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N05835 (6)**

1. Corporation Name

**POINT LAGOON COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

8501 N. LAGOON DR. #100  
PANAMA CITY BCH. FL 32408

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PANAMA CITY BCH. FL 32408

3. Date Incorporated or Qualified  
**10/25/1984**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3026296**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, GLENN L.  
9108 W. HIGHWAY 98A  
PANAMA CITY BCH. FL 32408

81 Name **Briar D. Hess**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9108 Front Beach Road**

83

84 City **Panama City Beach**

FL

85 Zip Code **32407**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Brian D. Hess*

*BRIAN D. HESS*

*1/19/96*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCISM, KEN	
STREET ADDRESS	8501 N LAGOON DR 101	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, JANICE	
STREET ADDRESS	8501 N LAGOON DR 110	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILHITE, DAVID	
STREET ADDRESS	8501 N LAGOON DR 307	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCISM, SHERRIE	
STREET ADDRESS	8501 N LAGOON DR 101	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	<b>VD DOROTHY GLENN</b>
1 3 STREET ADDRESS	<b>8501 N LAGOON DR 102</b>
1 4 CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>PD</b>
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	<b>TD DEBI KAUFMAN</b>
3 3 STREET ADDRESS	<b>8501 N LAGOON DR 106</b>
3 4 CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5 2 NAME	<b>AS/D KATHERINE O'QUINN</b>
5 3 STREET ADDRESS	<b>8501 N LAGOON DR 304</b>
5 4 CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>
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 119.07(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 receiver 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:

*Janice Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-5-96*

DATE

*904-235-8909*

DAYTIME PHONE #

CR2E037 (12/95)