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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

8501 N. LAGOON DR. #100
PANAMA CITY BCH. FL 32408-4503

3. Date Incorporated or Qualified
10/25/1984

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3026296

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

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 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

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 VD DELETE
NAME GLENN, DOROTHY
STREET ADDRESS 8501 NORTH LAGOON DR 102
CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE PD Change Addition
1.2 NAME SCISM, KENNETH L.
1.3 STREET ADDRESS 8501 N. LAGOON DR. 101
1.4 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE PD DELETE
NAME WILSON, JANICE
STREET ADDRESS 8501 N LAGOON DR 110
CITY-ST-ZIP PANAMA CITY BCH. FL

2.1 TITLE VD Change Addition
2.2 NAME KING, RICHARD D.
2.3 STREET ADDRESS 8501 N. LAGOON DR. 408
2.4 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE TD DELETE
NAME KAUFMAN, DEBI
STREET ADDRESS 8501 NORTH LAGOON DRIVE, # 106
CITY-ST-ZIP PANAMA CITY BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME SCISM, SHERRIE
STREET ADDRESS 8501 N LAGOON DR 101
CITY-ST-ZIP PANAMA CITY BCH. FL

4.1 TITLE ASD Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ASD DELETE
NAME O'QUINN, KATHERINE
STREET ADDRESS 8501 N LAGOON DR 304
CITY-ST-ZIP PANAMA CITY BCH FL

5.1 TITLE SD Change Addition
5.2 NAME WILLIAMS, JANE
5.3 STREET ADDRESS 8501 N. LAGOON DR 502
5.4 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth L. Scism*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH L. SCISM 1-11-97 904-230-1790
Date Daytime Phone #000887

CR2E037 (9/96)