

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90013 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05835**

1. Corporation Name

**POINT LAGOON COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



116011 90013 44

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/25/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3026296
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
Country	Zip	6. Election Campaign Financing <input type="checkbox"/>
29	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVERN, SHIRLEY A	1.2 NAME	SANDLIN, JAMES D.
STREET ADDRESS	8501 N LAGOON DR, #309	1.3 STREET ADDRESS	8501 N. LAGOON DR, #209
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, DEBI	2.2 NAME	COHEN, SIDNEY
STREET ADDRESS	8501 NORTH LAGOON DRIVE, # 108	2.3 STREET ADDRESS	8501 N. LAGOON DR, #212
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRINGER, DELORES	3.2 NAME	
STREET ADDRESS	8501 N LAGOON DR, #112	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JANE	4.2 NAME	
STREET ADDRESS	8501 N LAGOON DR #502	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MAZEROSKI, JILL
STREET ADDRESS		5.3 STREET ADDRESS	8501 N. LAGOON DR, #504
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NIPAYER, JOHN
STREET ADDRESS		6.3 STREET ADDRESS	8501 N. LAGOON DR, #202
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *DeLores Forringer* SIGNATURE REQUIRED: *DELORES FORRINGER* 1-15-99 850-2300626

CR2E037 (11/98)