


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90173 031 ****61.25

DOCUMENT # N05835

1. Entity 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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04292005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 HESS, BRIAN D
 9108 FRONT BEACH ROAD
 PANAMA CITY BEACH, FL 32407

4. FEI Number
 59-3026296 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDLIN, JAMES D		NAME	Glynn Campbell	
STREET ADDRESS	108 HARRISON PLACE		STREET ADDRESS	8501 N. Lagoon Drive #508	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, LARRY		NAME		
STREET ADDRESS	8501 N LAGOON DR., #408		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOBEL, KAREN		NAME	Debi Kaufman	
STREET ADDRESS	8501 N LAGOON DR., #107		STREET ADDRESS	8501 N. Lagoon Drive #106	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOBEL, RAY		NAME	Glynn Campbell	
STREET ADDRESS	8501 N. LAGOON DR. #107		STREET ADDRESS	8501 N. Lagoon Drive #508	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELCHER, WILLIAM		NAME	Carin Taylor	
STREET ADDRESS	7206 NORTHGATE DR. E		STREET ADDRESS	8501 N. Lagoon Drive, #307	
CITY-ST-ZIP	TIFTON, GA 31794		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, REID		NAME	Larry Underwood	
STREET ADDRESS	114 N ROBERTA AVE		STREET ADDRESS	200 Delwood Dr.	
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP	Americus, GA 31709	

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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/29/05 Daytime Phone #: 230-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR