2000 UNIFORM BUSINESS REPORT (UBR)

3/4/

FILED
Apr 24, 2000 8:00 am
Secretary of State
03-04-2000 90089 042 ****61.25

DOCUMENT # N97000005892

1. Entity Name

NORTH LAGOON TOWNHOMES OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6921 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408	POST OFFICE BOX 27375 PANAMA CITY BEACH FL 32411-7375

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3496298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, DAVE 390 WAHOO RD PANAMA CITY BEACH FL 32411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BART BINGHAM 6921 NORTH LAGOON DRIVE UNIT 101 PANAMA CITY BEACH, FL 32408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIPMAN, B. JERRY 819 DOLPHIN DR PANAMA CITY BEACH FL 32411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL DAUBE #1 CHICO LANE ~~PANAMA CITY, FL 32404~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUVEN, ISA 3750 VENTURE DRIVE SUITE B17 DULUTH GA 30136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Dave Hill SIGNATURE REQUIRED 2/29/00 850 234 6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #