

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005892

1. Entity Name

NORTH LAGOON TOWNHOMES OWNER'S ASSOCIATION, INC.

Principal Place of Business

6921 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

POST OFFICE BOX 27375
PANAMA CITY BEACH FL 32411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90133 024 ****61.25



DO NOT WRITE IN THIS SPACE

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BINGHAM, BART
6921 N. LAGOON DR.
PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAUBE, DANIEL JR.
7009-120 N. LAGOON DR
PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Steve Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date

860/234-6510
Daytime Phone #

CR2E037 (9/01)