2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90211 003 ****61.25

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1. Entity Name
NORTH LAGOON TOWNHOMES OWNER'S ASSOCIATION, INC.

20042698

Principal Place of Business	Mailing Address
6921 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408	6921 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408

02242005 No Chg-NP CR2E037 (10/03)

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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

RANDALL, DOUG
6921 N LAGOON DRIVE
UNIT 105
PANAMA CIT BEACH, FL 32408

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANDALL, DOUG
STREET ADDRESS	6921 N LAGOON DR UNIT 105
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	BRUSH, C. MARK
STREET ADDRESS	6921 N LAGOON DR UNIT 107
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	SMITH, VICKY
STREET ADDRESS	6921 N LAGOON DR UNIT 102
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Delete

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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: Douglas C. Randall _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR