

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000765

Entity Name: LAGUNA LANDING OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY. STE.2101
DESTIN, FL 32541**Current Mailing Address:**COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
ATLANTA, GA 30318 US**FEI Number:** 59-3633723**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT ASSOCIATES, INC.
COMMUNITY MANAGEMENT ASSOCIATES INC.
36468 EMERALD COAST PKWY. STE.2101
DESTIN, FL 32541 US*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:** JAMES H. DEVLIN

04/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JENKINS, LEAH M
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	TREASURER
Name	MCARTHUR, RON
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	VP
Name	ENGLE, PAUL
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	AGENT
Name	DEVLIN, JAMES H.
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	SECRETARY
Name	LARE, ROBERT W
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	BOARD MEMBER
Name	KIRKPATRICK, KIRSTEN
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H DEVLIN

AGENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date