2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05835

Entity Name: POINT LAGOON COMMUNITY ASSOCIATION, INC.

FILED
Mar 19, 2014
Secretary of State
CC8554353417

Current Principal Place of Business:

8501 N. LAGOON DR. #100 PANAMA CITY BCH. FL 32408

Current Mailing Address:

8406 PANAMA CITY BEACH PKWY

G

PANAMA CITY BCH., FL 32407 US

FEI Number: 59-3026296 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IMPACT TAX & ACCOUNTING INC 8406 PANAMA CITY BEACH PARKWAY STE G PANAMA CITY BEACH, FL 32407 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title DIRECTOR

Name HANCOCK, BOBBY Name PRESLASKI, LUKE

Address 207 MILLENIA ST Address 8501 N. LAGOON DR. #409

City-State-Zip: ENTERPRISE AL 36330 City-State-Zip: PANAMA CITY BCH. FL 32408

Title VP, D Title DIRECTOR

Name GILLIAM, DONNA Name CHOATE, SARAH

Address 8501 N. LAGOON DR. #509 Address 3104 GARDEN LAKE BLVD

City-State-Zip: PANAMA CITY BCH. FL 32408 City-State-Zip: ROME GA 30165

Title D Title S, D

Name TRAWICK, CHERYL Name MCDANIEL, ANN

Address 8501 N LAGOON DR #204 Address 8501 NORTH LAGOON DRIVE

#401

City-State-Zip: PANAMA CITY BCH FL 32408 City-State-Zip: PANAMA CITY BEACH FL 32408

Title TREASURER
Name SAWYER. DAN

Address 8501 N LAGOON DRIVE

407

City-State-Zip: PANAMA CITY BEACH FL 32408

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: BOBBY HANCOCK P 03/19/2014