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	UESSICA STEVENS			01/23/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TREASURER	Title	DIRECTOR		
Name	VALENTIN, CECILIA	Name	MCPHERSON, VICKI		
Address	8501 N. LAGOON DR. 201	Address	8501 N LAGOON DR 107		
City-State-Zip:	PANAMA CITY BCH. FL 32408	City-State-Zip:	PANAMA CITY BCH FL 32408		
Title	SECRETARY	Title	VP		
Name	BURTON , AMY	Name	JONES, BOBBY		
Address	8501 N LAGOON DRIVE 512	Address	8501 N LAGOON DR 101		
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 324	08	
Title	PRESIDENT	Title	DIRECTOR		
Name	THOMPSON , DEBORAH	Name	ANA , EDWARDS		
Address	8501 N LAGOON DR 208	Address	8501 N LAGOON DRIVE 302		
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 324	408	
Title	DIRECTOR	Title	DIRECTOR		
Name	GARDNER, CYNTHIA	Name	MCCARTHY , LOIS		
Address	8501 N LAGOON DR 109	Address	8501 N LAGOON DR 309		
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 324	408	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05835

Entity Name: POINT LAGOON COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8501 N. LAGOON DR. PANAMA CITY BCH., FL 32408

Current Mailing Address:

8501 N LAGOON #100 PANAMA CITY BCH., FL 32408 US

FEI Number: 59-3026296

Name and Address of Current Registered Agent:

STEVENS, JESSICA 8501 N LAGOON DR #100 PANAMA CITY BEACH, FL 32408 US

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PRESIDENT

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: DEBORAH THOMPSON

Electronic Signature of Signing Officer/Director Detail

FILED Jan 23, 2024 Secretary of State 7577878785CC

Certificate of Status Desired: No

01/23/2024

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MIXON , DEBORAH
Address	8501 N LAGOON DR 311
City-State-Zip:	PCB FL 32408