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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 351074 (0)

1. Corporation Name

LAGOON PARK INC

Principal Place of Business

914 VILLA LAGOON DR.  
TAVARES FL 32778-9368

Mailing Address

914 VILLA LAGOON DR.  
TAVARES FL 32778-9368



3. Date Incorporated or Qualified

08/21/1969

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNE, ARLENE D  
914 VILLA LAGOON DRIVE  
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Arlene D. Warne*

2/21/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: D HENGST, RAY  
STREET ADDRESS: 942 VILLA LAGOON DRIVE  
CITY-ST-ZIP: TAVARES FL

TITLE ☐ DELETE

NAME: TSD WARNE, ARLENE D  
STREET ADDRESS: 814 VILLA LAGOON DRIVE  
CITY-ST-ZIP: TAVARES FL

TITLE ☐ DELETE

NAME: DP DONCHESKI, D. M.  
STREET ADDRESS: 938 VILLA LAGOON DRIVE  
CITY-ST-ZIP: TAVARES, FL 00000

TITLE ☐ DELETE

NAME: DVP COLLYER, KENNETH  
STREET ADDRESS: 930 VILLA LAGOON DR.  
CITY-ST-ZIP: TAVARES, FL 00000

TITLE ☐ DELETE

NAME: D LOWELL, CHARLES  
STREET ADDRESS: 906 VILLA LAGOON DRIVE  
CITY-ST-ZIP: TAVARES FL

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP  
Charles E. Sommers  
910 Villa Lagoon Dr  
Tavares, FL 32778

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Arlene D. Warne*

2/21/96

343-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)