

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351074

Entity Name: LAGOON PARK, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

902 VILLA LAGOON DR
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

902 VILLA LOGOON DR
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-1286676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, NAN
902 VILLA LAGOON DRIVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENGST, RAY
Address: 942 VILLA LAGOON DR
City-St-Zip: TAVARES, FL 32778

Title: TSD () Delete
Name: WEBB, NAN
Address: 902 VILLA LAGOON DR.
City-St-Zip: TAVARES, FL 32778

Title: MBD () Delete
Name: DONCHESKI, D.M.
Address: 938 VILLA LAGOON DRIVE
City-St-Zip: TAVARES, FL

Title: MBD () Delete
Name: KIVINSKI, LEE
Address: 918 VILLA LAGOON DR
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: VILIET, CARL
Address: 950 VILLA LAGOON DRIVE
City-St-Zip: TAVARES, FL 327782368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIVINSKI, LEE
Address: 918 VILLA LAGOON DR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBD (X) Change () Addition
Name: COWELL, CHARLOTTE
Address: 954 VILLA LAGOON DRIVE
City-St-Zip: TAVARES, FL

Title: VP (X) Change () Addition
Name: HENGST, RAY
Address: 942 VILLA LAGOON DR
City-St-Zip: TAVARES, FL 32778

Title: MBD (X) Change () Addition
Name: VILIET, CARL
Address: 950 VILLA LAGOON DRIVE
City-St-Zip: TAVARES, FL 327782368

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAN WEBB

TSD

03/16/2009

Electronic Signature of Signing Officer or Director

Date