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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724367** (8)  
1. Corporation Name  
**LAGOON VILLAS ASSOCIATION, INC.**



Principal Place of Business <b>% AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND FL 32034</b>	Mailing Address <b>% AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND FL 32034</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/18/1972</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1567340</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY.  
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, BONNIE	1.2 NAME	
STREET ADDRESS	16 RIVERBANK CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANNAAN CT	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSER, NOREEN	2.2 NAME	HEUSER, NOREEN
STREET ADDRESS	1213 KAGIB VUKKAS	2.3 STREET ADDRESS	1213 LAGOON VILLAS
CITY-ST-ZIP	AMELIA ISLAND FL	2.4 CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBACH, MYRON	3.2 NAME	
STREET ADDRESS	6029 JOSHUA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DIANE	4.2 NAME	HARRIS, DIANE
STREET ADDRESS	1216 LAGOON VILLAS	4.3 STREET ADDRESS	3507 RIVERSIDE AV
CITY-ST-ZIP	AMELIA ISLAND FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, GUY	5.2 NAME	
STREET ADDRESS	1231 MARION DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Harris REQUIRED DIANE HARRIS Date: 3/11/97 Telephone: 904/389-3454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone # 0077179

CR2E037 (9/96)