

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90128 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724367**

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 <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>09/18/1972</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-1567340</b>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY. AMELIA ISLAND FL 32034</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUERGENSMEYER, JULIAN	1.2 NAME	
STREET ADDRESS	BOX 117625 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32611	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, PAUL	2.2 NAME	
STREET ADDRESS	P.O. BOX 1183 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRIFFIN GA 30224	2.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DIANE	4.2 NAME	
STREET ADDRESS	3507 RIVERSIDE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD <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 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, with all other like empowered.

SIGNATURE:  **GUY MADDOX** Date: **03/11/99** Daytime Phone #: **904/261-9129**

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