

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90081 038 \*\*\*\*61.25

**DOCUMENT # 724367**

1. Entity Name

**LAGOON VILLAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% AMELIA ISLAND MANAGEMENT INC.  
 3000 FIRST COAST HWY  
 AMELIA ISLAND FL 32034

% AMELIA ISLAND MANAGEMENT INC.  
 3000 FIRST COAST HWY  
 AMELIA ISLAND FL 32034

C0040013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1567340**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMELIA ISLAND MANAGEMENT  
 3000 FIRST COAST HWY.  
 AMELIA ISLAND FL 32034

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
STD	JUERGENSMEYER, JULIAN	BOX 117625 N/A	GAINESVILLE FL 32611	<input checked="" type="checkbox"/>	STD	McDONALD, DENISE	1203 LAGOON VILLAS	AMELIA ISLAND, FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	HEAD, PAUL	P.O. BOX 1183 N/A	GRIFFIN GA 30224	<input type="checkbox"/>	PD		P.O. BOX 3509 N/A	PEACHTREE GA 30269	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GELBACH, MYRON	6029 JOSHUA RD	FORT WASHINGTON PA 19034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HARRIS, DIANE	3507 RIVERSIDE AVE.	JACKSONVILLE FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	MADDOX, GUY	1231 MARION DR	FERNANDINA BCH FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise McDonald* DENISE McDONALD

03/01/00

904-491-1968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #