
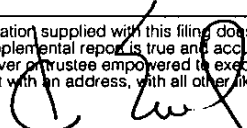


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90017 027 \*\*\*\*61.25

|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # 724367</b><br>1. Entity Name<br><b>LAGOON VILLAS ASSOCIATION, INC.</b>  |                                 |   |  |  |  |
| Principal Place of Business<br><b>% AMELIA ISLAND MANAGEMENT INC.</b><br><b>3000 FIRST COAST HWY</b><br><b>AMELIA ISLAND, FL 32034</b>  |                                 |   | Mailing Address<br><b>% AMELIA ISLAND MANAGEMENT INC.</b><br><b>3000 FIRST COAST HWY</b><br><b>AMELIA ISLAND, FL 32034</b>   |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                 | City & State  |  |   |  |
| Zip   | Country                         | Zip   | Country  | 4. FEI Number<br><b>59-1567340</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |                                 |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>GREGORY, DAVID</b><br><b>AMELIA ISLAND MANAGEMENT</b><br><b>3000 FIRST COAST HIGHWAY</b><br><b>AMELIA ISLAND, FL 32034</b>   |                                 |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |                                 |   |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                 |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |                                 |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | D                               | <input checked="" type="checkbox"/> Delete  | TITLE  | VD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>FETHERSON, JAMES</b>         |   | NAME   | <b>Smythe, Edward</b>   |  |
| STREET ADDRESS  | <b>335 HIGHBRIDGE CHASE</b>     |   | STREET ADDRESS   | <b>6705 Crystal Lake Drive</b>  |  |
| CITY-ST-ZIP   | <b>ALPHARETTA, GA 30022</b>     |   | CITY-ST-ZIP  | <b>Hudson, OH 44236</b>   |  |
| TITLE   | STD                             | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>KAUER, DONALD</b>            |   | NAME   |   |  |
| STREET ADDRESS  | <b>31 GREAT OAK DRIVE</b>       |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>HUDSON, OH 44236</b>         |   | CITY-ST-ZIP  |   |  |
| TITLE   | VD                              | <input checked="" type="checkbox"/> Delete  | TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>LYONS, BONNIE</b>            |   | NAME   | <b>Fleming, Julee Bell</b>  |  |
| STREET ADDRESS  | <b>1201 LAGOON VILLAS</b>       |   | STREET ADDRESS   | <b>52 Woodstork Lane</b>  |  |
| CITY-ST-ZIP   | <b>AMELIA ISLAND, FL 32034</b>  |   | CITY-ST-ZIP  | <b>Fernandina Beach, FL 32034</b>   |  |
| TITLE   | PD                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>EWING, KATHERINE</b>         |   | NAME   |   |  |
| STREET ADDRESS  | <b>1214 BEACH WALKER ROAD</b>   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>AMELIA ISLAND, FL 32034</b>  |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                               | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>MCDONALD, DENISE</b>         |   | NAME   |   |  |
| STREET ADDRESS  | <b>1203 WALKER ROAD</b>         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>AMELIA BEACH, FL 32034</b>   |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                 |   | NAME   |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP  |   |  |
| 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. |                                 |   |  |   |  |
| <b>SIGNATURE:</b>    |                                 |   | <b>CATHERINE EWING</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |   | Date <b>2.8.05</b> Daytime Phone # <b>904-261-5597</b>   |   |  |