
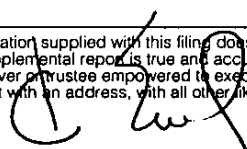


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 724367</b>					
1. Entity Name LAGOON VILLAS ASSOCIATION, INC.					
Principal Place of Business % AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034			Mailing Address % AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1567340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGORY, DAVID AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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	FETHERSON, JAMES		NAME	Smythe, Edward	
STREET ADDRESS	335 HIGHBRIDGE CHASE		STREET ADDRESS	6705 Crystal Lake Drive	
CITY-ST-ZIP	ALPHARETTA, GA 30022		CITY-ST-ZIP	Hudson, OH 44236	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUER, DONALD		NAME		
STREET ADDRESS	31 GREAT OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, OH 44236		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, BONNIE		NAME	Fleming, Julee-Bell	
STREET ADDRESS	1201 LAGOON VILLAS		STREET ADDRESS	52 Woodstork Lane	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWING, KATHERINE		NAME		
STREET ADDRESS	1214 BEACH WALKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, DENISE		NAME		
STREET ADDRESS	1203 WALKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMELIA BEACH, FL 32034		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.					
SIGNATURE: 		CATHERINE EWING		Date: 2.8.05 904-261-5597	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	