


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000765 1. Entity Name LAGUNA LANDING OWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 1914 FORT WALTON BEACH, FL 32549	Mailing Address P.O. BOX 1914 FORT WALTON BEACH, FL 32549
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02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent LANGHAM, CHARLES D 7 LAGUNA STREET, UNIT 307 FORT WALTON BEACH, FL 32548
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LANGHAM, CHARLES D
STREET ADDRESS	7 LAGUNA STREET, UNIT 307
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	V
NAME	BARKER, RAY
STREET ADDRESS	5 LAGUNA STREET, UNIT 303
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	S
NAME	SHIRLEY, SARAH
STREET ADDRESS	5 LAGUNA STREET, UNIT 302
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	T
NAME	MAJORS, CHARLEY
STREET ADDRESS	712 PERSIMMON WAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	ADAMS-REISS, RHODA
STREET ADDRESS	5 LAGUNA STREET, UNIT 101
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/16-80073-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **CHARLES D. LANGHAM** **2/15/06** **662-981-5965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone