2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 10, 2006 8:00 am DOCUMENT # N00000003145 Secretary of State 1. Entity Name 05-10-2006 90102 022 ****61.25 LAGOON ESTATES TOWNHOMES OWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 7009 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408 521 B COMMERCE DR PANAMA CITY FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3659493 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 Zip Code 8. The above named entity submits this statement for the purpose of changing its gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re SIGNATURE signature required when reinstahrig) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change HILL, DAVE NAME NAME P.O. BOX 27375 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32411 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DAUBE, DANIEL JR NAME NAME 7009-120 NORTH LAGOON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32408 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition OSTRENGA, TIMOTHY NAME NAME STREET ADDRESS 7009-116 NORTH LAGOON DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP FITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED