


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 022 ****61.25

DOCUMENT # N02000001445	
1. Entity Name GRAND LAGOON VILLAS OWNERS ASSOCIATION, INC.	

Principal Place of Business 6210 N. LAGOON DR. PANAMA CITY BEACH, FL 32408	Mailing Address 6210 N. LAGOON DR. PANAMA CITY BEACH, FL 32408
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0509485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CUNNIFF, SHUYLER N 6210 N. LAGOON DR. PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name SCHUYLER N. CUNNIFF Street Address (P.O. Box Number is Not Acceptable) 6210 N. LAGOON DR. City PANAMA CITY FL Zip Code 32408	
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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 *Schuyler N. Cuniff* 2/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CUNNIFF, SCHUYLER N 6210 N. LAGOON DR. PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, JAMES C 6216 N. LAGOON DR. PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUNIFF, LANITA M 6210 N. LAGOON DR. PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUNIFF, LANITA M 6210 N. LAGOON DR. PANAMA CITY FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Schuyler N. Cuniff* 2/20/08 8502490589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #