


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 006 ****61.25

DOCUMENT # N02605
 1. Entity Name
BLUE LAGOON COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
6545 NORTH LAGOON DRIVE, #3 **6545 NORTH LAGOON DRIVE, #3**
PANAMA CITY BEACH FL 32408-3716 **PANAMA CITY BEACH FL 32408-3716**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

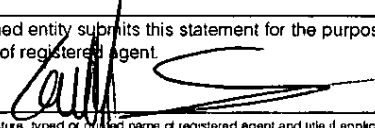
4. FEI Number **59-2767573** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FILE, DARRYL
6545 N. LAGOON DR.
SUITE 3
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
 Name **ELIZABETH LEWIS**
 Street Address (P.O. Box Number is Not Acceptable) **6545 N. LAGOON DR #3**
P.C. Bch
 City **FL** Zip Code **32408**

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  **ELIZABETH LEWIS** **3/23/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, ELIZABETH 6545 N. LAGOON DR., #3 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANCEN, ZEKE 6545 N. LAGOON DR., #3 PANAMA CITY BEACH FL 32408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILE, DARRYL 6545 N. LAGOON DR., #3 PANAMA CITY BEACH FL 32408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, CLAYTON 6545 N. LAGOON DR., #3 PANAMA CITY BEACH FL 32408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BETH DART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6541 N. LAGOON DR PC Bch FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aaron Wojcieszak <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6545 N. LAGOON DR #12 P.C. Bch FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TINA SOWELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1122 LOFTIN ST P.C. FL 32404
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"/> Change <input type="checkbox"/> Addition

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:  **ELIZABETH LEWIS** **3/23/05** **850 233 6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #