


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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N02605 1. Entity Name BLUE LAGOON COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 6545 NORTH LAGOON DRIVE, #3 PANAMA CITY BEACH FL 32408-3716	Mailing Address 6545 NORTH LAGOON DRIVE, #3 PANAMA CITY BEACH FL 32408-3716
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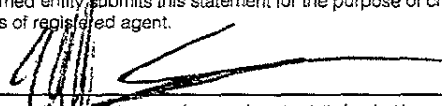


2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE CR2E037 (10/05)
City & State	City & State	4. FEI Number 59-2767573 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent 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 **4-11-06**

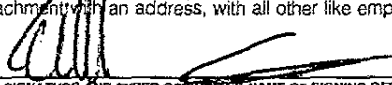
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete LEWIS, ELIZABETH 6545 N. LAGOON DR., #3 PANAMA CITY BEACH FL 32408
TITLE	SD <input type="checkbox"/> Delete DART, BETH 6541 N LAGOON DR PANAMA CITY BEACH FL 32408
TITLE	PD <input type="checkbox"/> Delete WOJCIESZAK, AARON 6545 N LAGOON DR # 12 PANAMA CITY BEACH FL 32408
TITLE	VP <input type="checkbox"/> Delete SOWELL, TINA 1122 LOFTIN ST PANAMA CITY FL 32404
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000508510
STREET ADDRESS	04/28/06-80007-018 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 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 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** **4-11-06** **852-233-4600**