


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90045 045 \*\*\*\*61.25

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




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

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



1st MOORE CR2E037 (10/07)  
 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**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

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	TD	<input type="checkbox"/> Delete
NAME	LEWIS, ELIZABETH	
STREET ADDRESS	6545 N. LAGOON DR., #3	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DART, BETH	
STREET ADDRESS	6541 N LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOJCIESZAK, AARON	
STREET ADDRESS	6545 N LAGOON DR # 12	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOWELL, TINA	
STREET ADDRESS	1122 LOFTIN ST	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	PO	<input type="checkbox"/> Delete
NAME	MARIO Berenguer	
STREET ADDRESS	3053 Meadow St	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO Berenguer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Sorry write in wrong space*

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR