

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 005 \*\*\*\*61.25

<b>DOCUMENT # N03000008706</b>					
<b>1. Entity Name</b> LAGOON VISTA COMMUNITY IMPROVEMENT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4997 SANCHEZ LANE PENSACOLA, FL 32507			<b>Mailing Address</b> 4997 SANCHEZ LANE PENSACOLA, FL 32507		
<b>2. Principal Place of Business</b> 10600 Gulf Beach Hwy Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 34253 Suite, Apt. #, etc.			
<b>City &amp; State</b> Pensacola - FL		<b>City &amp; State</b> Pensacola FL		<b>4. FEI Number</b> 30-0197172	
<b>Zip</b> 32507		<b>Country</b> Escambia		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ROBINSON, MARIE G 5053 CHALLENGER WAY PENSACOLA, FL 32507			<b>7. Name and Address of New Registered Agent</b> Name: ROBINSON, MARIE G. Street Address (P.O. Box Number is Not Acceptable): 23 ARAPAHO DRIVE City: PENSACOLA FL Zip Code: 32507		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V BEVERLY, JOLLY <input checked="" type="checkbox"/> Delete 4893 SANCHEZ LANE PENSACOLA, FL 32507		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jimmy Tompkins 305 MASSACHUSETTS AVE PENSACOLA, FL 32507	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S MITCHELL, CAROLE <input checked="" type="checkbox"/> Delete 4997 SANCHEZ LANE PENSACOLA, FL 32507		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL MITCHELL 4997 SANCHEZ LN PENSACOLA, FL 32507	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T HAWKINS, BETTY <input checked="" type="checkbox"/> Delete 4997 SANCHEZ LANE PENSACOLA, FL 32507		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICH HALSEY 4950 VISCAYA DR PENSACOLA, FL 32507	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BEVERLY JOLLY 4978 SANCHEZ LANE PENSACOLA, FL 32507	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> <i>Beverly Jolly</i>			<b>3/10/06 853-492-0951</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		