


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90043 013 \*\*\*\*61.25

<b>DOCUMENT # N03000008706</b> 1. Entity Name <b>LAGOON VISTA COMMUNITY IMPROVEMENT ASSOCIATION, INC.</b>					
Principal Place of Business 10600 GULF BEACH HWY PENSACOLA, FL 32507			Mailing Address PO BOX 34253 PENSACOLA, FL 32507		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>30-0197172</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MITCHELL, CAROL E</b> <b>4979 SANCHEZ LANE</b> <b>PENSACOLA, FL 32507</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <u><i>Carol E. Mitchell</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <u>CAROL E. Mitchell</u>  <small>(NOTE: Registered Agent signature required when reinstating).</small> </div> <div style="width: 30%;"> <u>1-4-08</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMPKINS, JIMMY		NAME		
STREET ADDRESS	305 MASSACHUSETTS AVE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, CAROL		NAME		
STREET ADDRESS	4979 SANCHEZ LANE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALSEY, RICH		NAME		
STREET ADDRESS	4950 VISCAYA DR		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOLLY, BEVERLY		NAME		
STREET ADDRESS	4978 SANCHEZ LN		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>SIGNATURE:</b> <u><i>Beverly Jolly</i></u> <b>BEVERLY JOLLY (TREAS)</b> <u>1-4-08</u> <u>850-492-0951</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					