

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000008029

1. Entity Name

SAWGRASS AT GRAND LAGOON HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413

Mailing Address

21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413



01222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3759588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAINS, LISA M  
21626 DOLPHIN AVENUE  
PANAMA CITY BEACH, FL 32413

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000914492  
05/08/08-80053-005 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MAINS, LISA M  
STREET ADDRESS 21626 DOLPHIN AVENUE  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE ST  
NAME KNIGHT, TED  
STREET ADDRESS POST OFFICE BOX 18065  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32417

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Lisa M. Mains*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08 850.381.1647

Date

Daytime Phone #