2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04417

Entity Name: LAGOON TOWERS, INC.

Current Principal Place of Business:

4600 KINGFISH LANE
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

P O BOX 28448
PANAMA CITY, FL 324118448

New Mailing Address:

FEI Number: 59-2461457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURG, JEROME W
2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COOLIDGE, RALPH	
Address:	2317 THOMAS DRIVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	VD	( ) Delete
Name:	LEWIS, DAVID	
Address:	701 E. SECOND STREET	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	TD	( ) Delete
Name:	LOWREY, FRANK	
Address:	P.O. BOX 27478	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	SD	( ) Delete
Name:	STODDARD, JACK	
Address:	4701 THOMAS DRIVE UNIT 209	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	D	( ) Delete
Name:	RAMSDEN, PAM	
Address:	6 INDEPENDANCE CT.	
City-St-Zip:	MONTVILLE, NJ 07045	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LOWREY, FRANK	
Address:	4600 KINGFISH LANE, UNIT 301	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	TD	(X) Change ( ) Addition
Name:	HARDY, DEVON	
Address:	4600 KINGFISH LANE, UNIT 603	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	DS	(X) Change ( ) Addition
Name:	RAMSDEN, PAM	
Address:	6 INDEPENDENCE CT.	
City-St-Zip:	MONTVILLE, NJ 07045	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME W. BURG MGR 01/16/2009

Electronic Signature of Signing Officer or Director — Date