## FILED Feb 15, 2007 8:00 am Secretary of State

200	ANNUAL REPORT

DOCUMENT # N05000010731  1. Entity Name FRIENDS OF THE GRAND LAGOON, INC.								02-15-2007 90036 007 ****61.25		
Principal Place of Business 7207 LAGOON DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 7207 LAGOON DRIVE PANAMA CITY BEACH, FL 32408					40017570		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01182007 Chg-NP CR2E037 (12/06)			
City & State			City & State					4. FEI Number Applied For 20-3246584 Not Applied		
Zip		Country	Zic	Zip Co		intry		5. Certificate of Status Desired		
	6. Name	and Address of Current	Registere	d Agent				7. Name and Address of New Registered Agent		
WILLIAMS		:				Name	YN.	BANKS	ļ	
502 HARM						Street Ad	dress (I	(P.O. Box Number is Not Acceptable)	$\neg$	
PANAMA-	SITY PL	<del>32401</del> -					20:	7 LAGOON DE		
	•									
	.7					DAN	AM	M CITY ACH FL Zip Code 4/1)		
		ly submits this statement for tered agent.	r the purp	ose of changing its r	egister	ed office or	register	ored agent, or both, in the State of Florida. I am familiar with, and acc	ept	
	•									
SIGNATURE .	S)	or printed name of registered agent		tackle (NOTE	0	4 4 4		ed when renstating) DATE		
	Signature, typed	or printed name or registered agent t	истин парр	NOTE	недолеге	o Agent signatu	re reduted	od when renstating) DATE		
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Camp Trust Fund Cor							\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
10.		OFFICERS AND DIF	ECTORS		11.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		RETARY		☐ Delete	TITLI	[	PRE	SIDENT □ Change XAdd	lition	
NAME	MILLSAP, LINDA			NAM	· I	LYN	DANKS ON LAGOON DR			
STREET ADDRESS CITY-ST-ZIP		GOON DRIVE , CITY BEACH, FL 3240	ıs			ET ADDRESS - ST-ZIP	120	19 LABOUN DE	20	
•	D	CITT BEACH, FE 3240			-		HAN.	PRESIDENT Change Add	(ition	
TITLE NAME	D Delete ROSE, KEVIN			TITLI	I	NICE	E PRESIDENT LIMING PRODU	IBOH		
STREET ADDRESS	7905 NORTH LAGOON DRIVE				ET ADDRESS	7/17	LAGOON DEIVE	1		
CITY-ST-ZIP	PANAMA	CITY BEACH, FL 3240	8		CITY	-ST-ZIP	PAN	VAMA CITY BCH FL 32408	2	
TITLE	D			☐ Delete	TITL		TRE	=ASURE Change \ Add	lition	
NAME STREET ADDRESS	DAVIS, A	IL UTH LAGOON DRIVE			NAM	ET ADDRESS	000 C	16 SO, LAGOON OR		
CITY-ST-ZIP		CITY BEACH, FL 3240	18			-ST-ZIP	DAA	NAMO DEN ACH EL 3240 C	>	
TITLE	D			☐ Delete	THTL		D)	Change X Add	lition	
NAME	BEAVER.	, KERMIT			NAM	IE .	JOE	REHONIC	ŀ	
STREET ADDRESS	1	M COURT				ET ADDRESS	6323	3 PALN COURT	,	
CITY-ST-ZIP		CITY BEACH, FL 3240	18		╁	-ST-2IP	PAN	NAMA CITY DCH FL JAYU8	P41	
TITLE NAME	D COUCH,	RANDY		☐ Delete	NAM	1		Change ☐ Add	nuon	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	PANAMA	CITY BEACH, FL 3240	8		CITY	-ST-ZIP				
TITLE	D			Delete	TITE	Ε		☐ Change ☐ Add	lition	
NAME		HAYANE WAYNE	•		NAM	1				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS   - ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.										
7 0 1										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Object Or Date Object Ob										