

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90020 018 ****61.25

DOCUMENT # N05835 1. Entity Name POINT LAGOON COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 8501 N. LAGOON DR. #100 PANAMA CITY BCH., FL 32408				Mailing Address 8501 N. LAGOON DR. #100 PANAMA CITY BCH., FL 32408	
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 59-3026296	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD <input type="checkbox"/> Delete NAME O'QUINN, CATHERINE STREET ADDRESS 8501 N. LAGOON DR. #304 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME O'QUINN, CATHERINE		
TITLE PD <input type="checkbox"/> Delete NAME COHEN, SIDNEY STREET ADDRESS 8501 N. LAGOON DR. #212 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME COHEN, SIDNEY		
TITLE SD <input type="checkbox"/> Delete NAME TAYLOR, CARIN STREET ADDRESS 8501 N. LAGOON DR. #307 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME MCCARHY, LOIS STREET ADDRESS 8501 NORTH LAGOON SUITE 309 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MCCARHY, LOIS		
TITLE D <input type="checkbox"/> Delete NAME KAUFMAN, DEBI STREET ADDRESS 8501 N. LAGOON DR. #106 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME CUNNINGHAM, BONNNIE STREET ADDRESS 8501 N. LAGOON DR. #203 CITY-ST-ZIP PANAMA CITY BCH., FL 32408			TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Preslaski, Luke STREET ADDRESS 8501 N Lagoon Dr #409 CITY-ST-ZIP 32408		
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: <u>Lois McCarthy</u> 1/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					