


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90069 022 ****61.25

DOCUMENT # N07602 1. Entity Name NORTH LAGOON HEIGHTS PHASE II OWNERS ASSOCIATION, INC.					
Principal Place of Business 122 RAZZ WAY PANAMA CITY BEACH FL 32408 US			Mailing Address 122 RAZZ WAY PANAMA CITY BEACH FL 32408 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3092019 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLING, THOMAS 215 SCOOTER DR PANAMA CITY BEACH FL 32408			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 <i>Thomas Walling</i> <small>Signature, typed or printed name of registered agent and title, applicable</small>			DATE <i>4/6/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLING, THOMAS		NAME		
STREET ADDRESS	215 SCOOTER DR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIVINE, BILL		NAME	<i>James Musser</i>	
STREET ADDRESS	216 SCOOTER DR		STREET ADDRESS	<i>310 Prudence Lane</i>	
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP	<i>Panama City, FL 32408</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLEDSE, JAMES		NAME	<i>Cary Bakker</i>	
STREET ADDRESS	218 SCOOTER DR		STREET ADDRESS	<i>254 Scooter Drive</i>	
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP	<i>Panama City, FL 32408</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANHAM, DALE		NAME		
STREET ADDRESS	217 SCOOTER DR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALLISTER, JACKIE		NAME	<i>Joel Gray</i>	
STREET ADDRESS	309 PRUDENCE LN		STREET ADDRESS	<i>314 Prudence Lane</i>	
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP	<i>Panama City, FL 32408</i>	
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 exemption stated in Section 119.07(3)(i), 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: <i>DALE BRANHAM - Dale Branham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-6-05</i>		Daytime Phone # <i>850-233-9939</i>