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Jan 29, 1999 8:00am
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01-29-1999 90033 047 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12308

1. Corporation Name

PORT LAGOON OF PANAMA CITY BEACH CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6135 NORTH LAGOON DRIVE
UNIT 104
PANAMA CITY BEACH FL 32408-3700
US

Mailing Address

6135 NORTH LAGOON DRIVE
UNIT 104
PANAMA CITY BEACH FL 32408-3700
US



1. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/27/1985

4. FEI Number
59-2513613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

HESS, BRIAN D.
9108 W. HIGHWAY 98
PANAMA CITY BEACH FL 32407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOKER, DONNA
STREET ADDRESS 6135 N LAGOON DRIVE, #303
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

TITLE VD
NAME HALE, DAVID
STREET ADDRESS 6135 N LAGOON DRIVE, #104
CITY-ST-ZIP DUBLIN GA 32408

TITLE S
NAME HALE, CHRISTINE
STREET ADDRESS 6135 N LAGOON DRIVE, #104
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE TD
NAME KING, DONNA
STREET ADDRESS 650 FAIRVIEW DRIVE
CITY-ST-ZIP DUBLIN GA 31021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

912-275-7878

Date

Daytime Phone #

CR2E037 (11/98)