

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12308

1. Entity Name

PORT LAGOON OF PANAMA CITY BEACH CONDOMINIUM HOM

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90110 048 ****61.25

Principal Place of Business	Mailing Address
6135 NORTH LAGOON DRIVE UNIT 104 PANAMA CITY BEACH FL 32408-3700 US	6135 NORTH LAGOON DRIVE UNIT 104 PANAMA CITY BEACH FL 32408-3700 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2513613	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HESS, BRIAN D.
9108 W. HIGHWAY 98
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOKE, DONNA	
STREET ADDRESS	6135 N LAGOON DRIVE, #303	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALE, DAVID	
STREET ADDRESS	6135 N LAGOON DRIVE, #104	
CITY-ST-ZIP	DUBLIN GA 32408	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALE, CHRISTINE	
STREET ADDRESS	6135 N LAGOON DRIVE, #104	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, DONNA	
STREET ADDRESS	650 FAIRVIEW DRIVE	
CITY-ST-ZIP	DUBLIN GA 31021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Donna King* EDONNAFLEKING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000

Date

912-275-7878

Daytime Phone #

CR2E037 (9/99)