

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90006 039 ****61.25

0016076

DOCUMENT # N12308

1. Entity Name

PORT LAGOON OF PANAMA CITY BEACH CONDOMINIUM HOM

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

00006512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2513613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

DAVID HALE

1/9/01 850-335-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)