

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N12308

1. Entity 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

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

59-2513613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, GORDON ☐ Delete
STREET ADDRESS 650 FAIRVIEW DR
CITY-ST-ZIP DUBLIN GA 31021

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

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

TITLE TD
NAME MCCRARY, JULIE ☐ Delete
STREET ADDRESS 8050 OLD POPE RD
CITY-ST-ZIP MIDLAND GA 31820

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 000000084046
CITY-ST-ZIP 03/10/04-80063-017 61.25

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

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

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

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

TITLE ☐ Change ☐ 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)(f), 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:

Julie McCrary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

7012568-4984