2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # N12308 03-23-2006 90013 049 ****61.25 1. Entity Name PORT LAGOON OF PANAMA CITY BEACH CONDOMINIUM HOMEOWNERS ASSOCIATION, INC. Principal Place of Susiness Mailing Address 6135 NORTH LAGOON DRIVE 6135 NORTH LAGOON DRIVE **UNIT 104 UNIT 104** PANAMA CITY BEACH FL 32408-3700 PANAMA CITY BEACH FL 32408-3700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2513613 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, BRIAN D. Street Address (P.O. Box Number is Not Acceptable) 9108 W. HIGHWAY 98 PANAMA CITY BEACH FL 32407 Zip Code FI 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE Addition MCCRARY, TONY 8050 OLD POPE RD. KING, GORDON NAME NAME 650 FAIRVIEW DR STREET ADDRESS STREET ADDRESS **DUBLIN GA 31021** CITY-ST-ZIP CITY-ST-ZIP GA 31820 MIDLAND VD TITLE Delete TITLE VD ✓ Change ☐ Addition Jones, Todd P.O. BOX 311394 HALE, DAVID NAME NAME 6135 N LAGOON DRIVE, #104 STREET ADDRESS STREET ADDRESS **DUBLIN GA 32408** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE_ ☑ Delete ☑ Change Addition NAME HALE, CHRISTINE NAME westerman 2601 Forest View Dr. STREET ADDRESS 6135 N LAGOON DRIVE, #104 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCRARY, JULIE NAME STREET ADDRESS 8050 OLD POPE RD STREET ADDRESS CITY-ST-ZIP MIDLAND GA 31820 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

long M. Can

MCCRARY

(706)5684984

FILED