

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90197 043 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**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. 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, 2008**

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 MCCRARY, TONY
STREET ADDRESS 8050 OLD POPE RD
CITY-ST-ZIP MIDLAND GA 31820 ☒ Delete

TITLE VD
NAME JONES, TODD
STREET ADDRESS POB 311394
CITY-ST-ZIP ARITON AL 36311 ☐ Delete

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

TITLE S
NAME HALE, CHRIS
STREET ADDRESS 6135 N LAGOON DR UNIT 104
CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME E. GORDON KING
STREET ADDRESS 6050 FAIRVIEW DRIVE
CITY-ST-ZIP DUBLIN, GA 31021 ☒ Change ☐ Addition

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

TITLE TD
NAME REGINA GOODMAN
STREET ADDRESS 918 ALLEN LAKE ROAD
CITY-ST-ZIP WAVERLY HALL, GA 31831 ☒ Change ☐ Addition

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

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

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

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.

SIGNATURE: *Regina Goodman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 706-502-2343