


2008 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N14785 1. Entity Name LAGOON LANE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 11901 LAGOON LANE UNIT #302 TREASURE ISLAND, FL 33706	Mailing Address 11901 LAGOON LANE UNIT #302 TREASURE ISLAND, FL 33706
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01082008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2074769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, ALTON
11901 LAGOON LANE
UNIT #302
TREASURE ISLAND, FL 33706**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000787774
01/18/08-80014-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMLING, GEORGE F III 118 SOUTH NEWPORT AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, ALVIN A 30 WHITE OAK COURT CAUFIELD, OH 44408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASSMUTH, ROBERT K 821 MINSI TRAIL PERKASIE, PA 18944
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *R Keith Wassmuth, R Keith Wassmuth* 1-8-2008
 215-257-2904