**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

, NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary+of State DIVISION OF CORPORATIONS

DOCUMENT #

N19709

(7)

APPROVES AND FILED

97 OFC -2 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name						Adimoration
SANDS	OF LAGUNA COMMUNITY	ASSOCIATION, INC.			1 AF B (A PRIA BARNI BIBIL BIBIL BIBIL BIBIL BIBIL IBBI
Principal Plac	ce of Business	Mailing Address				
20711 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413		P.O. BOX 1045 SMYRNA GA 30081		INS WAIT	EINTHIS SPACE	
					3. Date Incorporated or Qualified 03/17/1987	3a. Date of Last Report 04/29/1996
2. Principal Place of Business		2a, Mailing Address 26		4, FEI Number 58-1737580	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		28			Trust Fund Contribution 8. This corporation owes or has p	Added to Fees paid the current year hutafrioible
24	g, Name and Address of Currer	29 nt Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R	e 30. 🔯 Yes 🔼 No
	<u> </u>		81	Name	10.	ogiatorou Agont
	WILLIAM M		82	Street Addre	oss (P.O. Box Number is Not Accepta	able)
	KATHERINE BLVD CITY BEACH FL 32407		83			
			84 (Dity	20 S 10 S 20 10 10 10 10 10 10 10 10 10 10 10 10 10	85 Zip Gode
11, Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the above-n	named corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing its registered
				_	on's board of directors. Thereby acce	Le appointment as registered
SIGNATURE(Signature, typed or printed name of registered age		O Control Agent s	signature require		- 21-97
12.	OFFICERS ANI		13.	т	ADDITIONS/CHANGES TO OFFI	
TITLE NAME	PBCD THOMPSON, JOE L	□ berear	1 1 1/1LF 1 2 NAME	•	9000023	
STREET ADDRESS	1413 POPLAR POINTE		1.3 STREET AD	neree		9701113014
CITY-ST-ZIP	SMYRNA GA 30082		1.4 CITY - ST - 7		****231	6.25 ****236.25
TITLE	VPBD	DECETE	2.1 TITLE			Change Addition
NAME	LAGESSIE, MICHAEL		2.2 NAME			
STREET ADDRESS	1764 COBB PARKWAY S.E.		2.3 STREET AD	DRESS		
CITY-ST-ZIP	MARIETTA GA 30062		2. 4 CITY - ST-	ZIP	=	
TITLE	SBMD	DELETE	3 1 117LF	ļ		Change Addition
STREET ADDRESS	TWILLY, BARBARA 1511 PAIR ROAD, S.W.		3.2 NAME	- 1		
CITY-ST-ZIP	MARIETTA GA 30062		3.3 STREET ADI			
TITLE	TBMD	DELETE	3.4. CITY-ST-7 4.1 TITLE	OP _		Change Addition
NAME	WILLIAMS, VICKIE		4. 2 NAME			
STREET ADDRESS	3305 DAVIS ROAD		4.3 \$1REE1 ADI	DRESS		
CITY-ST-ZIP	MARIETTA GA 30062		4.4 CH1Y - S1 - Z	IP		
TITLE	BMD	☐ DELETE	5.1 TALE			Change Addition
NAME	SOMERSET, JOHN S		5.2 NAME			
STREET ADDRESS	1105 FOREST BROOK DRIVE		5.3 STREET ADD	ORESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-114
CITY-ST-ZIP	BIRMINGHAM AL 35226	Dourst	5.4 CITY- ST-Z	iP	<i>K</i> \	1217
TITLE NAME		☐ DELETE	6.1 TITLE	-	Γ	Change Addition
STREET ADDRESS			6.2 NAME	outee	·	
CITY-ST-ZIP			6 3 STREET ADE			i
14 I do heret	by certify that the information supplied	with this filing does not qual	ify for the exemp	tion stated	in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio I am an of	n indicated on this annual report or s flicer or director of the corporation or	upplemental annual report is t the receiver or trustee empoy	true and accurat vered to execute	e and that r	ny signature shall have the same legal as required by Chapter 617, Florida S	al affact an if mada undar anthe that i
appears i	n Block 12 or Block 13 if changed, or	or on attachment with an ad	dress.		. , , , , , , , , , , , , , , , , , , ,	
	1 1 3 1 2 1 1 1	and the late of th	I / / 4		_	1 4- x \