2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N21124

Entity Name: NORTH LAGOON HEIGHTS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ALICE J. THOMPSON
229 PELICAN WAY
PANAMA CITY BCH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

101 PELICAN WAY
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 59-3145854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, ALICE J.
229 PELICAN WAY
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FIGULY, ROBERT
Address: 163 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: VD ( ) Delete
Name: WILLIAMS, MONIQUE
Address: 201 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: SD ( ) Delete
Name: WILLIAMS, MONIQUE
Address: 201 PELICAN WAY
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TD ( ) Delete
Name: THOMPSON, ALICE J
Address: 229 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: D ( ) Delete
Name: HATAWAY, RICK
Address: 155 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCKAY, WAYNE
Address: 121 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, JERRY
Address: 201 PELICAN WAY
City-St-Zip: PANAMA CITY, FL 32408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE J. THOMPSON TD 04/10/2009
Electronic Signature of Signing Officer or Director Date