

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44725

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** LAGUNA POINT CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

4400 HIGHWAY 20 E  
SUITE 312  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

P.O. BOX 5263  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3392279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

LANDSBERGER, DARLANE  
4400 HIGHWAY 20 E  
SUITE 312  
NICEVILLE, FL 32578 US

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:** DARLANE LANDSBERGER

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GOOLSBY, JOHN  
Address: 22 MORENO RD. # 16  
City-St-Zip: DESTIN, FL 32541 US

Title: DV ( ) Delete  
Name: MRAZ, CHARLES  
Address: 505 VERA CRUZ DR  
City-St-Zip: DESTIN, FL 32541 US

Title: DST ( ) Delete  
Name: MCBRIDE, SEAN  
Address: 224 W SHIPWRECK RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOOLSBY, JOHN  
Address: 19 MEIGS DR  
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP (X) Change ( ) Addition  
Name: SCOTT, LOWELL  
Address: 6081 HWY 85 N  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: STD (X) Change ( ) Addition  
Name: MAHIEU, JAMES  
Address: 22 MORENO PT RD #11  
City-St-Zip: DESTIN, FL 32541 US

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:** JOHN GOOLSBY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date