2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005892

1. Entity Name

NORTH LAGOON TOWNHOMES OWNER'S ASSOCIATION, INC.



Principal Place of Business

6921 NORTH LAGOON DRIVE Panama City Beach, FL 32408 Mailing Address

6921 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408

FILED Feb 06, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01212008 No Chg-NP (

CR2E037 (4/06)

4. FEI Number 59-3496298

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDALL, DOUG 6921 N LAGOON DRIVE UNIT 105 PANAMA CIT BEACH, FL 32408

| DO | NOT | WR | ITE |
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| IN" | THIS | SPA | CE |

| PANAMA | CIT BEACH, FL 32408 | | | | : 'e'p |
|--|--|---|--|--|----------|
| 8. The above the obligat | named entity submits this statement for the putions of registered agent. | urpose of changing its registere | d office or registered agent, or b | oth, in the State of Florida. I am familiar with, and acc | ept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if | applicable (NOTE: Registered | Agent signature required when reinstating) | DATE | |
| • | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Finan Trust Fund Contribution | cing \$5.00 May Be Added to Fees | 02/15/08-80015-008 61.25 | |
| 10. | OFFICERS AND DIREC | TORS | or a | Later to the second sec | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RANDALL, DOUG 6921 N LAGOON DR UNIT 105 PANAMA CITY BEACH, FL 32408 | | | termina a month of the second | <u>.</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, VICKY 6921 N LAGOON DR UNIT 102 PANAMA CITY BEACH, FL 32408 | | | and the first of the second se | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | THIS SPACE | |
| TITLE | | | *************************************** | | |

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

850/714-4843

Daytime Phone #