2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005892

FILED Feb 08, 2009 Secretary of State

Entity Name: NORTH LAGOON TOWNHOMES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6921 NORTH LAGOON DRIVE 6921 NORTH LAGOON DRIVE #109
PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408

Current Mailing Address: New Mailing Address:

6921 NORTH LAGOON DRIVE 6921 NORTH LAGOON DRIVE #109 PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408

FEI Number: 59-3496298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RANDALL, DOUG
6921 N LAGOON DRIVE
633 LIVE OAK LANE
UNIT 105
PANAMA CIT BEACH, FL 32408 US

PANAMA CIT BEACH, FL 32408 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: JOHNI DIMONTE 02/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change() Addition

Name: RANDALL, DOUG Name: COTTER, BRIAN
Address: 6921 N LAGOON DR LINIT 105 Address: 6921 N LAGOON DR LINIT 101

Address: 6921 N LAGOON DR UNIT 105 Address: 6921 N LAGOON DR UNIT 101
City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete Title: () Change () Addition

 Name:
 SMITH, VICKY
 Name:

 Address:
 6921 N LAGOON DR UNIT 102
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32408
 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: JOHNI DIMONTE RA 02/08/2009