

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750171 (1)

1. Corporation Name
GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**11805 CHANTICLEER DR
PENSACOLA FL 32507**

Mailing Address
**11805 CHANTICLEER DR
PENSACOLA FL 32507**

3. Date Incorporated or Qualified **12/12/1979**
3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2103114	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**BEDFORD, THOMAS J.
11805 CHANTICLEER DRIVE
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, EDWARD	1.2 NAME	BOB FLYNN, BOB
STREET ADDRESS	5614 GRANDE LAGOON CT	1.3 STREET ADDRESS	5604 GRANDE LAGOON CT
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOME, CRAIG	2.2 NAME	
STREET ADDRESS	11809 CHANTICLEER DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 00000	2.4 CITY - ST - ZIP	32507
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDET, ALBERT	3.2 NAME	BEESELEY, HOWARD
STREET ADDRESS	11700 CHANTICLEER CT	3.3 STREET ADDRESS	11735 CHANTICLEER DR
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORSEFIELD, JAN	4.2 NAME	
STREET ADDRESS	11723 CHANTICLEER CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	32507
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOOR, JAMES	5.2 NAME	WALLER, CLYDE
STREET ADDRESS	11704 CHANTICLEER CT	5.3 STREET ADDRESS	5510 GRANDE LAGOON BLVD
CITY - ST - ZIP	PENSACOLA FL	5.4 CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (904) 492-3426

Date Daytime Phone #

CR2E037 (12/95)