


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
12/12/1979

4. FEI Number
59-2103114

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEAN LAMAR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11707 CHANTICLEER CT	1.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD BROOME, CRAIG	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11809 CHANTICLEER DRIVE	2.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD DAY ELBERT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11801 CHANTICLEER DR	3.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD HORSEFIELD, JAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11723 CHANTICLEER CT.	4.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D STROUD, FRANK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5510 GRANDE LAGOON BLVD.	5.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **CRAIG BROOME, 4/12/98, (850) 492-3426**

CR2E037 (10/97)