

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90237 036 \*\*\*\*61.25

0079058

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 750171**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/12/1979

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2103114

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDFORD, THOMAS J.  
 11805 CHANTICLEER DRIVE  
 PENSACOLA FL 32507

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME PD  
 DEAN LAMAR  
 STREET ADDRESS 11707 CHANTICLEER CT  
 CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME TD  
 BROOME, CRAIG  
 STREET ADDRESS 11809 CHANTICLEER DRIVE  
 CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD  
 DAY ELBERT  
 STREET ADDRESS 11801 CHANTICLEER DR  
 CITY-ST-ZIP PENSACOLA FL 32507

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME SD  
 HORSEFIELD, JAN  
 STREET ADDRESS 11723 CHANTICLEER CT.  
 CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 STROUD, FRANK  
 STREET ADDRESS 5510 GRANDE LAGOON BLVD.  
 CITY-ST-ZIP PENSACOLA FL 32507

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3/8/99

(850) 492-3426

CR2E037 (1/198)