

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750171

1. Entity Name

GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIA

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90092 013 ****61.25

Principal Place of Business

Mailing Address

11805 CHANTICLEER DR
 PENSACOLA FL 32507

11805 CHANTICLEER DR
 PENSACOLA FL 32507-9173

2. Principal Place of Business

3. Mailing Address

11809 CHANTICLEER DR 11809 CHANTICLEER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 PENSACOLA, FL

City & State
 PENSACOLA, FL

4. FEI Number
 59-2103114

Applied For
 Not Applicable

Zip
 32507

Country

Zip
 32507

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDFORD, THOMAS J.
 11805 CHANTICLEER DRIVE
 PENSACOLA FL 32507

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEAN LAMAR	
STREET ADDRESS	11707 CHANTICLEER CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOME, CRAIG	
STREET ADDRESS	11809 CHANTICLEER DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAY ELBERT	
STREET ADDRESS	11801 CHANTICLEER DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HORSEFIELD, JAN	
STREET ADDRESS	11723 CHANTICLEER CT.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUD, FRANK	
STREET ADDRESS	5510 GRANDE LAGOON BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE JONES	
STREET ADDRESS	5600 GRANDE LAGOON CT.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKY DEVILLIER	
STREET ADDRESS	11715 CHANTICLEER CT.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAL PEEBLES	
STREET ADDRESS	5450 GRANDE LAGOON BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: CRAIG BRÖOME 3/19/00 (850) 492-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)