


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90112 027 ****61.25

DOCUMENT # 750171			
1. Entity Name GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 11809 CHANTICLEER DR PENSACOLA, FL 32507		Mailing Address 11809 CHANTICLEER DR PENSACOLA, FL 32507	
2. Principal Place of Business		3. Mailing Address P.O. BOX 34459	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PENSACOLA, FL	
Zip	Country	Zip 32507	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROOME, CRAIG 11809 CHANTICLEER DR 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	JONES, STEVE		
STREET ADDRESS	5600 GRANDE LAGOON 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	SD	<input type="checkbox"/> Delete	
NAME	HOFFMAN, AL		
STREET ADDRESS	5540 GRANDE LAGOON BLVD		
CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	PARKER, ED		
STREET ADDRESS	5614 GRANDE LAGOON CT		
CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	BURGE, JOHN		
STREET ADDRESS	11711 CHANTICLEER CT		
CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACK HORSEFIELD		
STREET ADDRESS	11723 CHANTICLEER CT		
CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRIS HOLZAPFEL		
STREET ADDRESS	11727 CHANTICLEER DR		
CITY-ST-ZIP	PENSACOLA, FL 32507		
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: <i>Shay Broome</i>		Date: 4/3/04	Daytime Phone #: 850-492-3426
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>