


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 750171</b> 1. Entity Name <b>GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.</b>	
---	---

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07252008 No Chg-NP CR2E037 (4/08)

Principal Place of Business 11809 CHANTICLEER DR PENSACOLA, FL 32507	Mailing Address P.O. BOX 34459 PENSACOLA, FL 32507
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2103114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

BROOME, CRAIG  
 11809 CHANTICLEER DR  
 PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

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

Filing Fee Is \$81.25  
 Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACOUR, DICK 11813 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOME, CRAIG 11809 CHANTICLEER DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, AL 5540 GRANDE LAGOON BLVD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, ED 5614 GRANDE LAGOON CT PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZAPFEL, KRIS 11727 CHANTICLEER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000956406  
07/28/08-80001-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Broome* **S. CRAIG BROOME, 7/25/08 850-492-3426**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #