

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750171

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11809 CHANTICLEER DR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 34459  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-2103114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROOME, CRAIG  
11809 CHANTICLEER DR  
PENSACOLA, FL 32507      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: LACOUR, DICK  
Address: 11813 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

Title: TD      ( ) Delete  
Name: BROOME, CRAIG  
Address: 11809 CHANTICLEER DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: SD      ( ) Delete  
Name: HOFFMAN, AL  
Address: 5540 GRANDE LAGOON BLVD  
City-St-Zip: PENSACOLA, FL 32507

Title: PD      ( ) Delete  
Name: PARKER, ED  
Address: 5614 GRANDE LAGOON CT  
City-St-Zip: PENSACOLA, FL 32507

Title: D      ( ) Delete  
Name: HOLZAPFEL, KRIS  
Address: 11727 CHANTICLEER DR  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. CRAIG BROOME

Electronic Signature of Signing Officer or Director

TREA

05/05/2009

Date