

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751535 (6)**  
1. Corporation Name  
**GRANDE LAGOON COMMUNITY ASSOCIATION, INCORPORATE D**



Principal Place of Business  
**P O BOX 34105  
PENSACOLA FL 32507**

Mailing Address  
**P O BOX 34105  
PENSACOLA FL 32507**

3. Date Incorporated or Qualified  
**03/12/1980**

3a. Date of Last Report  
**05/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2881940</b>		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**ANDERSON, TIMOTHY J  
5320 PONTE VERDE RD  
PENSACOLA FL 32507**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Sharon Culligan TD*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, TIMOTHY J</b>	1.2 NAME	
STREET ADDRESS	<b>5620 PONTE VERDE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, DEE</b>	2.2 NAME	
STREET ADDRESS	<b>5597 GRANDE LAGOON CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANE, JOHN H</b>	3.2 NAME	<b>Lynda Butgereit</b>
STREET ADDRESS	<b>11739 CHANTICLEER DR</b>	3.3 STREET ADDRESS	<b>5660 Ponte Verde Road</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHACHT, DON</b>	4.2 NAME	<b>Sharon Culligan</b>
STREET ADDRESS	<b>5446 PONTE VERDE COVE</b>	4.3 STREET ADDRESS	<b>5617 PONTE VERDE ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARNETTE, JOHN T</b>	5.2 NAME	<b>JNA Ferguson</b>
STREET ADDRESS	<b>12055 LONGWOOD DR</b>	5.3 STREET ADDRESS	<b>5823 Grand Lagoon Blvd</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, CARRIE</b>	6.2 NAME	<b>Ted Kirchhart</b>
STREET ADDRESS	<b>5687 GRANDE LAGOON DR</b>	6.3 STREET ADDRESS	<b>5683 Grand Lagoon Drive</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	6.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sharon Culligan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/96* 904 4926851  
Date Deadline Page #

CR2E037 (12/95)