

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714108 (8)
1. Corporation Name
GRAND LAGOON YACHT CLUB, INC.



Principal Place of Business
**10653 GULF BEACH HWY.
PENSACOLA FL 32507-9119**

Mailing Address
**P.O. Box 34340
-10653 GULF BEACH HWY.
PENSACOLA FL 32507-9119**

3. Date Incorporated or Qualified **02/15/1968** 3a. Date of Last Report **07/14/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 **26** Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number **23-7241044** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HUDSON, ANNIE
5701 MAVILLE
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81 Name **THEODORE M. CONNELL**
82 Street Address (P.O. Box Number is Not Acceptable)
13889 C. Perdido Key Drive
83 City **Pensacola** **FL** **85** Zip Code **32507**

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 *Theodore M Connell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, ROY	
STREET ADDRESS	5701 MAVILLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MAROZZI, FLO	
STREET ADDRESS	414 GIBBS RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCVAY, MICHAEL	
STREET ADDRESS	4739 HURON DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, ANNE	
STREET ADDRESS	5701 MAVILLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HASKEIL, CHARLES W. JR	
1.3 STREET ADDRESS	5821 BALDERAS AVE	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNELL, THEODORE M.	
2.3 STREET ADDRESS	13889 C PERDIDO KEY DR	
2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Sandra D.	
3.3 STREET ADDRESS	119 SE Kalash Rd	
3.4 CITY-ST-ZIP	Pensacola, FL 32507	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BONNIE J. YATES	
4.3 STREET ADDRESS	8559 Acapulco Camino	
4.4 CITY-ST-ZIP	Pensacola FL 32507	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Bonnie J Yates* **Bonnie J Yates** **3-12-96** **904-492-0255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)