## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

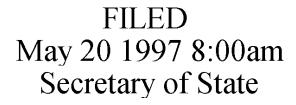
DOCUMENT #

N12195

(6)

## GRANDE LAGOON RANCHES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 34266 PENSACOLA FL 32507	P.O. BOX 34266 PENSACOLA FL 32507-4266





						3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996		
2 Principal Pl	ace of Business	2a. Mailing Address	<del></del>					
21	dod of Daginous	26	•			4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Suite, Apt.	t. etc.	Suite, Apt. #, etc.				CR 75 Additional		
22	., -,	27				5. Certificate of Status Desired Fee Required		
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation has liability for intangible tax onder s. 199.032,		
24	25	29	30			Florida Statutes		
	9. Name and Address of Current	Registered Agent		<u></u>		10. Name and Address of New Registered Agent		
				81 1	lame			
CUNNINGHAM, RICHARD			82 Street Address (P.O. Box Number is Not Acceptable)					
	3454 NIGHTHAWK LANE			oz bilot Address (r.o. box Namber 18 Not Acceptable)				
PENSAC	OLA FL 32506		•	83				
•	<u>i</u> .		1	84 C	City	85 Zip Code		
				<u>                                     </u>		FL   s   z p coue		
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.								
agent. I ar	n familiar with, and accept the obliga	tions of, Section 617.0503, Fi	orida Stat	lutes.	.,			
SIGNATURE _								
12.	Signalure, typed or printed name of registered agen OFFICERS AND		E: Hegistere	d Ageni s	ignature require	red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICENS AND	DELETE	1.1 1	TLE	<u> </u>			
	F MADDIN AL	Las Decert	1		P	Bob Skillen , 2		
NAME	MADDUX, AL		1.2 N			3029 Cannonade Dr		
STREET ADDRESS	3302 NIGHTHAWK LANE		1	IREET ADO	1	Star Cannonage Di		
CITY-ST-ZIP	PENSACOLA FL	DELETE		ITY-ST-Z	TIP	Y. VIA.		
TITLE	V	☐ DECEIE	2.1.70					
NAME	MULLINS, WALTER		2.2-N	-		Suzanne, Dolgin		
STREET ADDRESS	11557 SORENTO ROAD			TREET ADD		3298 Nighthawk IN.		
CITY-ST-ZIP	PENSACOLA FL	DELETE		OTY-ST-Z		YCOLA V HA .		
TITLE	STD	L.J DELETE	3.1 <sup>†</sup> T)		S	TD Chris Davis		
NAME	WILLIAMS, TOMMY		3.2 N					
STREET ADDRESS	3351 NIGHTHAWK K. LANC PENSACOLA FL			TREET ADI		3453 Nighthawk In.		
CITY-ST-ZIP TITLE		DELE1E	3.4, C	HTY-51-2		Change Addition		
NAME	D Cunningham, Karen		4.11t		1	Toe Schiller		
1	3458 NIGHTHAWK LANE			vaivie Treet adi	00000	3403 Nighthaux Jane.		
STREET ADDRESS	PENSACOLA FL					3402 1019/11/1000 10116.		
CITY-ST-ZIP TITLE	D PENSACOLA IL	DELETE	9.4 U	(TY-\$1-ZI	" ~	Change Addition		
NAME	WELLS SUZANNE	- otterie	5.2 N			7. Al Maddux		
STREET ADDRESS	3298 NIGHTHAWK LN.			PUVIC TREET ADO	DRESS	3302 Nighthawk lane		
CITY-ST-ZIP	PENSACOLA FL			ITY-ST-Z		Prola Eta		
TITLE	D	DELETE	6.1 TI		·	Change Addition		
, I	MULLINS, MEDORA	- +t	6.2 N		-	TYTIKE FORd		
NAME STREET ADDRESS	11557 SORRENTO RD			TREET ADI	DRESS	2004 Cannonade Ut.		
	PENSACOLA FL					380 Elv		
CITY-ST-ZIP		with this filing does not quali		ITY-ST-Z		1 in Section 119.07(3)(i), Florida Statutes. I further certify that the		
14. 100 1000	71 ODIERT RIGICERO REPORTERIO E SUPPRIO	. TITLE GROUND WOOD FOU GUA	., 1110		- POIL ORNIGO	z na postava sa roko (e)jija i rokou olukukok a kokiki portijiji tilali lilo		

Ido 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 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 attackment with an address.

Manage manage respectively. It is a second respectively.

11 12-00

1100 0100