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FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714108 (8)

1. Corporation Name

GRAND LAGOON YACHT CLUB, INC.

Principal Place of Business

Mailing Address

**10853 GULF BEACH HWY.
PENSACOLA FL 32507-9119**

**P.O. BOX 34340
PENSACOLA FL 32507
US**



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

3. Date Incorporated or Qualified

02/15/1968

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**YATES, BONNIE
8559 ACAPULCO CAMINO
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81	Name	Monica Stevens
82	Street Address (P.O. Box Number is Not Acceptable)	4555 Breakwater Circle
83		
84	City	Pensacola
85	FL	32514

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 *Monica Stevens*

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

(NOTE: Registered Agent signature required when reinstating)

4-21-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HASKELL, CHARLES W. JR.	
STREET ADDRESS	5821 BALDERAS AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	HEYMER, ROBERT	
STREET ADDRESS	9090 CARIBBEAN CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEVENS, MONICA	
STREET ADDRESS	998 BREAKWATER CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YATES, BONNIE	
STREET ADDRESS	8559 ACAPULCO CAMINO	
CITY-ST-ZIP	PENSACOLA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MONICA STEVENS
2.3 STREET ADDRESS	1045 DUNLAP STREET
2.4 CITY-ST-ZIP	PENSACOLA, FL 32507
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEVENS, MONICA
3.3 STREET ADDRESS	4555 BREAKWATER CIRCLE
3.4 CITY-ST-ZIP	PENSACOLA, FL 32514
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEVENS, MONICA
4.3 STREET ADDRESS	4555 BREAKWATER CIRCLE
4.4 CITY-ST-ZIP	PENSACOLA, FL 32514
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 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 attachment with an address.

SIGNATURE: *Monica Stevens*

4-4-98

850-432-2856

CR2E037 (1097)