


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N12195** (6)  
1. Corporation Name  
**GRANDE LAGOON RANCHES ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 34266 PENSACOLA FL 32507</b>	Mailing Address <b>P.O. BOX 34266 PENSACOLA FL 32507</b>
---	---

3. Date Incorporated or Qualified  
**11/20/1985**

4. FEI Number  
**NOT APPLICABLE**

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

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  
**CUNNINGHAM, RICHARD  
3454 NIGHTHAWK LANE  
PENSACOLA FL 32508**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MADDUX, AL</b>	
STREET ADDRESS	<b>3302 NIGHTHAWK LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLINS, WALTER</b>	
STREET ADDRESS	<b>11557 SORRENTO ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, TOMMY</b>	
STREET ADDRESS	<b>3351 NIGHTHAWK K. LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, KAREN</b>	
STREET ADDRESS	<b>3456 NIGHTHAWK LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLS SUZANNE</b>	
STREET ADDRESS	<b>3298 NIGHTHAWK LN.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLINS, MEDORA</b>	
STREET ADDRESS	<b>11557 SORRENTO RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SHILLER, JOE</b>	
1.3 STREET ADDRESS	<b>3403 NIGHTHAWK LANE</b>	
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WINBORNE, BRENDA</b>	
2.3 STREET ADDRESS	<b>3302 NIGHTHAWK LANE</b>	
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
3.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MULLINS, MEDORA</b>	
3.3 STREET ADDRESS	<b>11557 SORRENTO RD.</b>	
3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SHILLER, SUSAN</b>	
4.3 STREET ADDRESS	<b>3403 NIGHTHAWK LANE</b>	
4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MULLINS, WALTER</b>	
5.3 STREET ADDRESS	<b>11557 SORRENTO RD.</b>	
5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WINBORNE, ROYCE</b>	
6.3 STREET ADDRESS	<b>3302 NIGHTHAWK LANE</b>	
6.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>	

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: *Medora Mullins* MEDORA MULLINS 4-28-98 (850)492-0928

CR2E037 (10/97)