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03-02-1999 90149 041 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714108

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
PENSACOLA FL 32507
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

STEVENS, MONICA
4555 BREAKWATER CIRCLE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name **John Adams**
82 Street Address (P.O. Box Number is Not Acceptable)
5136 Choctaw Ave
83
84 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

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HASKWLL, 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 checked="" type="checkbox"/> DELETE
NAME	STEVENS, MONICA	
STREET ADDRESS	4555 BREAKWATER CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, MONICA	
STREET ADDRESS	4555 BREAKWATER CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Adams	
1.3 STREET ADDRESS	5136 Choctaw Ave	
1.4 CITY-ST-ZIP	Pensacola FL 32507	
2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathy Mashburn	
2.3 STREET ADDRESS	12351 Highway 97	
2.4 CITY-ST-ZIP	Elberta AL 36530	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kathy Gean	
3.3 STREET ADDRESS	3025 3025 King St	
3.4 CITY-ST-ZIP	Pensacola FL 32506	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wanda Einfinger	
4.3 STREET ADDRESS	10335 N Loop Rd.	
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 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, with all other like empowered.

SIGNATURE:

John R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 **850-492-0255**
Date Daytime Phone #

CR2E037 (11/98)