## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12195

Apr 20, 2005 Secretary of State

Entity Name: GRANDE LAGOON RANCHES ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
P.O. BOX 34266 PENSACOLA, FL 32507	

P.O. BOX 34266 PENSACOLA, FL 32507

**Current Mailing Address:** 

FEI Number: 59-0944546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHILLER, JOSEPH 3403 NIGHTHAWK LN US PENSACOLA, FL 32506

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

**New Mailing Address:** 

16335 PERDIDO KEY DRIVE

PENSACOLA, FL 32507

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** ( ) Delete (X) Change ( ) Addition DOLGIN, DANIEL GILES, HENRY Name: Name: Address: 3298 NIGHTHAWK LANE Address: 3555 NIGHTHAWK LANE PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MACNEIL, PHIL Name: SCHILLER, JOSEPH Name: Address: 3403 NIGHTHAWK LANE Address: 3607 NIGHTHAWK LANE City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: (X) Change ( ) Addition PELLETIER, ELAINE C Name: DOLGIN-WELLS, SUZANNE Name: 3404 NIGHTHAWK LANE 3298 NIGHTHAWK LANE Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: Title: (X) Change ( ) Addition ( ) Delete GILES, HENRY Name: Name: SKILLEN, ROBERT 3555 NIGHTHAWK LANE Address: Address: 3029 CANNONADE DR City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: () Change () Addition DAVIS, CHRIS Name: Name: 3453 NIGHTHAWK LANE Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KAISER, LAWRENCE JOE, SCHILLER Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Address:

City-St-Zip:

3403 NIGHTHAWK LN

PENSACOLA, FL 32506

SIGNATURE: SUZANNE DOLGIN-WELLS ST 04/20/2005

above, or on an attachment with an address, with all other like empowered.