

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 001 ****61.25

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03042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N12195 1. Entity Name GRANDE LAGOON RANCHES ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 34266 PENSACOLA, FL 32507				Mailing Address P.O. BOX 34266 PENSACOLA, FL 32507	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0944546	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHILLER, JOSEPH 3403 NIGHTHAWK LN PENSACOLA, FL 32506				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, HENRY		NAME	FURR, JIM	
STREET ADDRESS	3555 NIGHTHAWK LANE		STREET ADDRESS	3285 NIGHTHAWK LANE	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURR, PATRICIA		NAME	SMITH, EDWARD	
STREET ADDRESS	3285 NIGHTHAWK LANE		STREET ADDRESS	3454 NIGHTHAWK LANE	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLGIN-WELLS, SUZANNE		NAME	PELLETIER, ELAINE	
STREET ADDRESS	3298 NIGHTHAWK LANE		STREET ADDRESS	3404 NIGHTHAWK LANE	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDWARD		NAME	HALL, SCOTT	
STREET ADDRESS	3454 NIGHTHAWK LANE		STREET ADDRESS	4012 MALTESE WAY	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHRIS		NAME	BOYDEN, BARBARA	
STREET ADDRESS	3453 NIGHTHAWK LANE		STREET ADDRESS	3012 CANNONADE DR	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, WALTER		NAME		
STREET ADDRESS	11557 SORRENTO RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elaine C. Pelletier</i>			3/19/07 (850) 473-5842		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		