

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714108

FILED  
May 31, 2008  
Secretary of State

**Entity Name:** GRAND LAGOON YACHT CLUB, INC.

**Current Principal Place of Business:**

10653 GULF BEACH HWY.  
PENSACOLA, FL 325079119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 34340  
PENSACOLA, FL 32507 US

**New Mailing Address:**

P.O. BOX 34350  
PENSACOLA, FL 32507 US

**FEI Number:** 23-7241044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SUMMERLIN, BOBBY  
10015 GULF BEACH HWY.  
PENSACOLA, FL 32507 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HASKELL, CHUCK  
Address: 5821 BALDERAS AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: VC ( ) Delete  
Name: LIBONATE, MATT  
Address: 10045 GULF BEACH HWY  
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete  
Name: ADAMS, JOHN  
Address: 5136 CHOCTAW AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete  
Name: SUMMERLIN, BOBBY  
Address: 10015 GULF BEACH HWY  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: ADAMS, JOHN  
Address: 5136 CHOCTAW AV  
City-St-Zip: PENSACOLA, FL 32507

Title: SD (X) Change ( ) Addition  
Name: MCCAFFREY, KATHY  
Address: 6028 CHANDELLE DR  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ADAMS

VC

05/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date