

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750171

**FILED  
Mar 07, 2014  
Secretary of State  
CC4600659133**

**Entity Name:** GRANDE LAGOON BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5617 GRANDE LAGOON CT  
PENSACOLA, FL 32507

**Current Mailing Address:**

P.O. BOX 34459  
PENSACOLA, FL 32507

**FEI Number: 59-2103114**

**Certificate of Status Desired: No**

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

KINCAID, ROBERT  
5617 GRANDE LAGOON CT  
PENSACOLA, FL 32507 US

*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

**Officer/Director Detail :**

Title VP  
Name PHILLIPS, DON  
Address 11711 CHANTICLEER CT.  
City-State-Zip: PENSACOLA FL 32507

Title TD  
Name KINCAID, ROBERT  
Address 5617 GRANDE LAGOON CT  
City-State-Zip: PENSACOLA FL 32507

Title SD  
Name DEAN, LAMAR  
Address 10427 SORRENTO ROAD, SUITE 305  
City-State-Zip: PENSACOLA FL 32507

Title PD  
Name PARKER, ED  
Address 5614 GRANDE LAGOON CT  
City-State-Zip: PENSACOLA FL 32507

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT L. KINCAID**

**TREASURER**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date