

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12195

Entity Name: GRANDE LAGOON RANCHES ASSOCIATION, INC.**Current Principal Place of Business:**3298 NIGHTHAWK LN
PENSACOLA, FL 32506**Current Mailing Address:**P.O. BOX 34266
PENSACOLA, FL 32507**FEI Number: 59-0944546****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHILLER, JOSEPH
3403 NIGHTHAWK LN
PENSACOLA, FL 32506 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: JOSEPH SCHILLER****02/26/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GILES, HENRY
Address P.O. BOX 34266
City-State-Zip: PENSACOLA FL 32507

Title VP
Name SMITH, EDWARD
Address P.O. BOX 34266
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY-TREASURER
Name WELLS, SUZANNE
Address P.O. BOX 34266
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name RESTUCHER, MARGE .
Address P.O BOX 34266
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name STEWARD, JOE
Address P.O. BOX 34266
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name BUCK, CATHERINE
Address P.O. BOX 34266
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: SUZANNE WELLS**SECRETARY-TREASURER 02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date