

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12195 (6)**
1. Corporation 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

3. Date Incorporated or Qualified: 11/20/1985
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0944546	Applied For	<input checked="" type="checkbox"/>	Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNINGHAM, RICHARD
3454 NIGHTHAWK LANE
PENSACOLA FL 32506

81	Name	FL	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, TOMMY	1.2 NAME	AL MADLUX
STREET ADDRESS	3351 NIGHTHAWK LANE	1.3 STREET ADDRESS	3302 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLER, JOSEPH	2.2 NAME	WALTER MULLINS
STREET ADDRESS	3403 NIGHTHAWK LN.	2.3 STREET ADDRESS	11557 SORRENTO ROAD
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, KAREN L	3.2 NAME	TOMMY WILLIAMS
STREET ADDRESS	3454 NIGHTHAWK LN.	3.3 STREET ADDRESS	3351 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, WALTER	4.2 NAME	KAREN CUNNINGHAM
STREET ADDRESS	11557 SORRENTO RD	4.3 STREET ADDRESS	3454 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS SUZANNE	5.2 NAME	SUZANNE WELLS
STREET ADDRESS	3298 NIGHTHAWK LN.	5.3 STREET ADDRESS	3298 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, PEGGY	6.2 NAME	MEDORA MULLINS
STREET ADDRESS	3288 NIGHTHAWK LN.	6.3 STREET ADDRESS	11557 SORRENTO RD
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tommy Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/26/96 904 450-8434
DATE DAYTIME PHONE #

CR2E037 (12/95)