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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N12195

(6)

T. 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		f Last Report 01/1995
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-0944546		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional
City & State	9	City & State	***************************************		Election Campaign Financing		\$5.00 May Be
23 Z _i p	Country		Counti		Trust Fund Contribution		Added to Fees
24	25	29	30	y	This corporation has liability for it Florida Statutes	ntangibie tax un Dyes TXN o	der s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Ager	nt
			81	Name			
CUNNINGHAM, RICHARD			8	Street Add	dress (P.O. Box Number is Not Acceptabl	le)	
3454 NIGHTHAWK LANE							
PENSAC	OLA FL 32506		8	3			
			84	City		 85	5 Zip Code
44.5	0.70			<u></u>		FL "	
or register	to the provisions of Sections 617.05t red agent, or both, in the State of Flo	วิ2 and 617.1508, Florida Statut irida: Such change was authori.	tes, the above zed by the cor,	named corpo poration's bo	oration submits this statement for the purp and of directors. Thereby accept the appo	pose of changin bintment as regis	ig its registered office i stered agent. I am
familiar wi	ith, and accept the obligations of, Se	ction 617.0503, Florida Statute:	S.			_	-
SIGNATURE	Signature, typed or printed name of registered agr	ret and the Lacete state (AL	OTI - B	and there at the end of	rea when reinstating"	DATE	
12.		ND DIRECTORS	13.	rii sigi ali Jisi Teddir	ADD HONS O IANGES TO OFFE		FOTORS IN 12
TITLE	P	DELETE	1 1 TILLE		P	☐ Cr	
NAME	WILLIAMS, TOMMY	•	1.2 NAME		AL MADDUX		
STREET ADDRESS	3351 NIGHTHAWK LANE		1 3 STRE	T ADDRESS			_
CITY-ST-ZIP	PENSACOLA FL				3302 NighTN <i>AW</i>	KLAN	e
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		⊠ DELETE	1.4 CITY 2.1 TITLE		Pensacola, 71 3	720P	
NAME	SCHILLER, JOSEPH	⊠ DELETE			Pensacola, 71 3	720P	
NAME STREET ADDRESS	SCHILLER, JOSEPH 3403 NIGHTHAWK LN.	⊠ DELETE	2 1 TITLE 2 2 NAME		Pensacola, 71 z Walter mullia USS7 sorento	2506 □° Read	nange X Addition
	3403 NIGHTHAWK LN. PENSACOLA FL	⊠ DELETE	2 1 TITLE 2 2 NAME	T ADDRESS	Pensacola, 71 z Walter mullia USS7 sorento	2506 □° Read	nange X Addition
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4. 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: (

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4(24/96 904 456-8434 Daytime Prome A CR2E037 (12/95)