

FILE NOW: FILING FEE IS \$61.25

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**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
11/20/1985

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CUNNINGHAM, RICHARD
3454 NIGHTHAWK LANE
PENSACOLA FL 32508**

10. Name and Address of New Registered Agent

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDUX, AL	1.2 NAME	SHILLER, JOE
STREET ADDRESS	3302 NIGHTHAWK LANE	1.3 STREET ADDRESS	3403 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, WALTER	2.2 NAME	WINBORNE, BRENDA
STREET ADDRESS	11557 SORRENTO ROAD	2.3 STREET ADDRESS	3302 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TOMMY	3.2 NAME	MULLINS, MEDORA
STREET ADDRESS	3351 NIGHTHAWK K. LANC	3.3 STREET ADDRESS	11557 SORRENTO RD.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, KAREN	4.2 NAME	SHILLER, SUSAN
STREET ADDRESS	3456 NIGHTHAWK LANE	4.3 STREET ADDRESS	3403 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS SUZANNE	5.2 NAME	MULLINS, WALTER
STREET ADDRESS	3298 NIGHTHAWK LN.	5.3 STREET ADDRESS	11557 SORRENTO RD.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, MEDORA	6.2 NAME	WINBORNE, ROYCE
STREET ADDRESS	11557 SORRENTO RD	6.3 STREET ADDRESS	3302 NIGHTHAWK LANE
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32506

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Medora Mullins* MEDORA MULLINS 4-28-98 (850)492-0928

CR2E037 (10/97)