

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 042 \*\*\*\*61.25

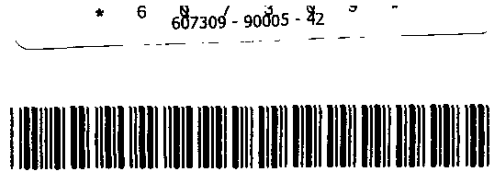
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12195**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/20/1985	4. FEI Number NOT APPLICABLE Applied For: Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**CUNNINGHAM, RICHARD**  
**3454 NIGHTHAWK LANE**  
**PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name **SCHILLER, JOSEPH**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3403 NIGHTHAWK LN.**  
 83  
 84 City **PENSACOLA** FL 85 Zip Code **32506**

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 *Joseph A Schiller* DATE **4-5-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SHILLER, JOE</b>
STREET ADDRESS	<b>3403 NIGHTHAWK LN</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WINBORNE, BRENDA</b>
STREET ADDRESS	<b>3302 NIGHTHAWK LN</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MULLINS, MEDORA</b>
STREET ADDRESS	<b>11557 SORRENTO RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHILLER, SUSAN</b>
STREET ADDRESS	<b>3403 NIGHTHAWK LN</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MULLINS, WALTER</b>
STREET ADDRESS	<b>11557 SORRENTO RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WINBORNE, ROYCE</b>
STREET ADDRESS	<b>3302 NIGHTHAWK LN</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SCHILLER</b> <i>Spelling, only</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SCHILLER</b> <i>Spelling, only</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Medora Mullins* **MEDORA MULLINS** DATE: **4-6-99** DAYTIME PHONE #: **850-492-0928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)