

**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