

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30955

**Entity Name:** GULF HIGHLANDS I, INC.

**Current Principal Place of Business:**

10997 HUTCHINSON BLVD  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

POST OFFICE BOX  
19236  
PANAMA CITY BEACH, FL 32417 US

**FEI Number:** 59-3024723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P
Name	LINER, JERRY W
Address	968 COUNTY ROAD 875 POST OFFICE BOX 504
City-State-Zip:	ETOWAH TN 37331
Title	ST, ASST. TREASURER
Name	TURNER, JAMES M
Address	183 HARRIS HILL ROAD
City-State-Zip:	SHAVERSTOWN PA 18708

Title	VP
Name	DE JONG, DOUG
Address	3868 BENT OAKS ROAD
City-State-Zip:	CHIPLEY FL 32428
Title	DIRECTOR
Name	TURNER, JAMES M
Address	183 HARRIS HILL ROAD
City-State-Zip:	SHAVERSTOWN PA 18708

*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:** JERRY W. LINER

**PRESIDENT BOD**

**01/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date