

2017 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: Yes

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 VP
Name DE JONG, DOUG
Address 3868 BENT OAKS ROAD
City-State-Zip: CHIPLEY FL 32428

Title ST
Name CATO, MARY
Address 8 DAMERON STREET
City-State-Zip: MORELAND GA 30259

Title TREASURER
Name CATO, MARY
Address 8 DAMERON ST.
City-State-Zip: MORELAAND GA 30259

Title OTHER, COMMUNITY ASSOCIATION
MANAGER
Name MCDONALD, RAY W
Address 9450 S THOMAS DR #1706
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name CATO, DAN
Address 8 CAMERON STREET
City-State-Zip: MORELAND GA 30259

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: RAY WAYNE MCDONALD, LLC.

COMMUNITY
ASSOCIATION MANAGER

02/10/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date