2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 728708

Entity Name: GULFGATE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

8200 SURF DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

8200 SURF DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 59-1543313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIXON PROPERTIES RESORT RENTALS, INC.
8200 SURF DR
PANAMA CITY BCH, FL 32408 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DELIE, DAVID	
Address:	P.O. BOX 38403	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	P	( ) Delete
Name:	PHILLIPS, JOEY	
Address:	8200 SURF DRIVE, #211	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	D	( ) Delete
Name:	HENSLEY, DAVID	
Address:	8200 SURF DR. UNIT 207	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	T	( ) Delete
Name:	HARLESS, DAVID	
Address:	8200 SURF DR #204	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	VP	( ) Delete
Name:	LOWERY, VERNON	
Address:	8200 SURF DR UNIT 202	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	SEC	( ) Delete
Name:	MIXON, MICHAEL	
Address:	8200 SURF DR OFC	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL L. MIXON SEC 01/08/2008

Electronic Signature of Signing Officer or Director — Date