

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009683

FILED
Mar 12, 2008
Secretary of State

Entity Name: THE OWNERS ASSOCIATION OF SOUTHGATE, INC.

Current Principal Place of Business:

134 GULF COAST CIRCLE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

214 SEVENTH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 58-2673246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISH, GIBSON & SCHOLZ
206 EAST FOURTH STREET
PORT ST. JOE, FL 32456 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: P () Delete
Name: REEVES, SANDY
Address: 134 GULF COAST CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP () Delete
Name: ROBINSON, ROB
Address: 101 GULF COAST CIRCLE
City-St-Zip: PORT ST. JOE, FL 32457

Title: S () Delete
Name: MANLEY, MARK
Address: 3533 GARRISON AVE
City-St-Zip: PORT ST. JOE, FL 32457

Title: T () Delete
Name: JOHNSON, GENA
Address: 2112 LONG AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BOGAERT, DAVID
Address: 131 GULF COAST CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456

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: SANDY REEVES

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date