2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

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Entity Name: THE GATES AT STERLING COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2104 STERLING COVE BLVD
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

C/O BURG MANAGEMENT COMPANY
2827 JOAN AVE, SUITE B
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 20-1831417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401 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: DP ( ) Delete
Name: FISHER, SCOTT
Address: 2175 STERLING COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DV ( ) Delete
Name: MURPHY, PATRICK
Address: 2133 STERLING COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DT ( ) Delete
Name: VITALE, DIANE
Address: 1685 ROSS COURT
City-St-Zip: CHIPLEY, FL 32428

Title: DS ( ) Delete
Name: DUNLAP, RON
Address: 2126 STERLING COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete
Name: NICHOLS, GREG
Address: 3090 JONQUIL DRIVE
City-St-Zip: SMYRNA, GA 30080

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: DS (X) Change ( ) Addition
Name: BARTOLI, CHRISTOPHER
Address: 2501 CELIA AVE.
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: BARBARA A. BURG CAM 03/26/2009

Electronic Signature of Signing Officer or Director — Date