

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001177

FILED
Jan 12, 2008
Secretary of State

Entity Name: DESTIN GULFGATE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1180 SCENIC HWY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

1180 SCENIC HWY 98
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3187839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINI, CAROL P
1180 SCENIC HWY 98
DESTIN, FL 32541 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: GIBLIN, FLOYD
Address: 1085 VANDEGAER AVE
City-St-Zip: MANY, LA 71449

Title: D () Delete
Name: GEBELEIN, SUSAN
Address: 13 HONEY LOCUST CT
City-St-Zip: BLACKWOOD, NJ 080124306

Title: VPD () Delete
Name: WALLIS, ROGER
Address: 4567 SAILMAKER LANE
City-St-Zip: DESTIN, FL 32541

Title: P () Delete
Name: ARMSTRONG, RALPH
Address: 85 FIRST STREET
City-St-Zip: GRENADA, MS 38901

Title: D () Delete
Name: GUIDRY, PATRICIA A
Address: 720 GULFSHORE DR., #605
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: ROY, GERALDINE P
Address: 519 VERA CRUZ DR., P. O. BOX 1416
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAWKINS, DEBBIE
Address: 2204 OLD RIDGE RD SE
City-St-Zip: HUNTSVILLE, AL 35802

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: D (X) Change () Addition
Name: LOFE', PHILIP L
Address: 407 ARUBA WAY
City-St-Zip: NICEVILLE, FL 32578

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: PHILIP L. LOFE'

D

01/12/2008

Electronic Signature of Signing Officer or Director

Date