

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001177

FILED  
Apr 15, 2009  
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:**

LOFE', PHILIP L  
1180 SCENIC HWY 98  
DESTIN, FL 32541 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: PHILIP L LOFE'

04/15/2009

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: SEC ( ) Delete  
Name: HAWKINS, DEBBIE  
Address: 2204 OLD RIDGE RD SE  
City-St-Zip: HUNTSVILLE, AL 35802

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: TRES ( ) Delete  
Name: BARRETT, VICTOR  
Address: 2575 PARKWAY DR  
City-St-Zip: SEVIERVILLE, TN 37862

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: CHERRY, BOB  
Address: 8520 WESTHAMPTON COURT  
City-St-Zip: MONTGOMERY, AL 36117

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: PHILIP L LOFE'

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date