2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003697

1. Entity Name
GULF MIST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%GARETT REALTY SERVICES, INC. 3723 E. COUNTY HWY 30-A SEAGROVE BEACH, FL 32459	P.O BOX 4944 3723 E. COUNTY HWY 30-A SEAGROVE BEACH, FL 32459-4944

02082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3264392
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARETT, MARIE
%GARETT REALTY SERVICES, INC.
3723 E. COUNTY HWY 30-A
SEAGROVE BEACH, FL 32459

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 ✓
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MC LEMORE, BILL
STREET ADDRESS	1703 VAUGHN LANE
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	VPD
NAME	PETERSEN, JOHN
STREET ADDRESS	4462 BROMYARD AVE.
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	STD
NAME	MCKEDON, DOUG
STREET ADDRESS	104 WILLOW OAKS PLACE
CITY-ST-ZIP	DOTHAN, AL 36302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80113-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. McLemore Jr. 2/27/06 334-262-8918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #