

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90047 015 ****61.25

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

Principal Place of Business
**180 CULLMAN AVENUE
SANTA ROSA BEACH, FL 32459**

Mailing Address
**P.O BOX 4944
SEAGROVE BEACH, FL 32459**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

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

**TARVER, LOYD
180 CULLMAN AVENUE
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MC LEMORE, BILL
STREET ADDRESS 1703 VAUGHN LANE
CITY-ST-ZIP MONTGOMERY, AL 36106

TITLE VPD ☒ Delete
NAME PETERSEN, JOHN
STREET ADDRESS 4462 BROMYARD AVE.
CITY-ST-ZIP CINCINNATI, OH 45241

TITLE STD ☐ Delete
NAME MCKEDON, DOUG
STREET ADDRESS 104 WILLOW OAKS PLACE
CITY-ST-ZIP DOTHAN, AL 36302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME McKeown, Doug
STREET ADDRESS 104 Willow Oaks Place
CITY-ST-ZIP Dothan, AL 36301

TITLE VPD ☒ Change ☐ Addition
NAME McLemore, Bill
STREET ADDRESS 1703 Vaughn Lane
CITY-ST-ZIP Montgomery, AL 36106

TITLE STD ☐ Change ☒ Addition
NAME Henderson, James
STREET ADDRESS 2660 Peachtree Road NW #34-B
CITY-ST-ZIP Atlanta, GA 30305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* President/Homeworkers ASS 3-3-08 334-671-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #