

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003697

FILED
Feb 13, 2009
Secretary of State

Entity Name: GULF MIST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

180 CULLMAN AVENUE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O BOX 4944
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3264392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HEASLETT, SHEILA
9064 E. COUNTY HWY 30A
PANAMA CITY, FL 32413 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: SHEILA HEASLETT

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKEOWN, DOUG
Address: 104 WILLOW OAKS PLACE
City-St-Zip: DOTHAN, AL 36301

Title: VD () Delete
Name: MCLEMORE, BILL
Address: 1703 VAUGHN LANE
City-St-Zip: MONTGOMERY, AL 36106

Title: STD () Delete
Name: MCKEDON, DOUG
Address: 104 WILLOW OAKS PLACE
City-St-Zip: DOTHAN, AL 36302

Title: STD (X) Delete
Name: HENDERSON, JAMES
Address: 2660 PEACHTREE ROAD NW 34B
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: HENDERSON, JAMES
Address: 2660 PEACHTREE ROAD NW 34B
City-St-Zip: ATLANTA, GA 30305

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: DOUG MCKEOWN

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date