

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006766

1. Entity Name

**TWO PALM HOMEOWNERS ASSOCIATION OF GULF
COUNTY, INC.**



Principal Place of Business

Mailing Address

**401 CECIL G. COSTIN, SR., BLVD.
PORT ST. JOE FL 32456**

**POST OFFICE BOX 368
PORT ST. JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME COX, MIKE
STREET ADDRESS 110 W. SEASCAPE DR.
CITY - ST - ZIP PORT ST. JOE FL 32456

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
**U000000069446
03/01/04-80012-013 61.25**

TITLE VPD ☐ Delete
NAME HUMPHRIES, JANICE
STREET ADDRESS PO BOX 4
CITY - ST - ZIP JEFFERSONVILLE GA 31044

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

TITLE STD ☐ Delete
NAME DUBOSE, DAVID
STREET ADDRESS 3000 DUNDEE CIR.
CITY - ST - ZIP BIRMINGHAM AL 35213

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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TITLE ☐ Delete
NAME
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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 exemption stated in Section 119.07(3)(i), 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 line empowered.

SIGNATURE:

[Signature]

LOUIS M. COX

850-229-7011