2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
08-08-2005 90050 006 ****61.25

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08052005 Chg-NP CR2E037 (10/03)

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
P O Box H	P O Box H
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jeffersonville, GA	City & State: Jeffersonville, GA
Zip: 31044 Country:	Zip: 31044 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.

CMC
SIGNATURE _____ 8-5-5
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 September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COX, MIKE 110 W. SEASCAPE DR. PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUMPHRIES, JANICE PO BOX 4 JEFFERSONVILLE, GA 31044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VPD HUMPHRIES, JANICE P O Box H Jeffersonville, GA 31044
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUBOSE, DAVID 3000 DUNDEE CIR. BIRMINGHAM, AL 35213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition STD DUBOSE, DAVID 1564 WOODRIDGE PLC. BIRMINGHAM, AL. 35216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: _____ 8-5-5 850-229-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #