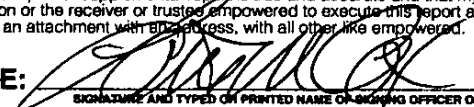


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90050 006 ****61.25

DOCUMENT # N99000006766 1. Entity Name TWO PALM HOMEOWNERS ASSOCIATION OF GULF COUNTY, INC.			
Principal Place of Business 401 CECIL G. COSTIN, SR., BLVD. PORT ST. JOE, FL 32456		Mailing Address POST OFFICE BOX 368 PORT ST. JOE, FL 32456	
2. Principal Place of Business P O Box H Suite, Apt., etc.		3. Mailing Address P O Box H Suite, Apt., etc.	
City & State Jeffersonville, GA		City & State Jeffersonville, Ga	
Zip 31044		Zip 31044	
Country		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 COSTIN, CHARLES A 413 WILLIAMS AVENUE PORT ST. JOE, FL 32456		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. 8-5-5 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 ☐ Delete 110 W. SEASCAPE DR. PORT ST. JOE, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUMPHRIES, JANICE ☐ Delete PO BOX 4 JEFFERSONVILLE, GA 31044	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUMPHRIES, JANICE ☒ Change ☐ Addition P O Box H Jeffersonville, GA 31044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUBOSE, DAVID ☐ Delete 3000 DUNDEE CIR. BIRMINGHAM, AL 35213	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUBOSE, DAVID ☒ Change ☐ Addition 1564 WOODRIDGE PL. 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 this address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-5-5 Date 850-229-7011 Daytime Phone #	

50060568



08052005 Chg-NP CR2E037 (10/03)