2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 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
P.O. BOX H JEFFERSONVILLE, GA 31044	P.O. BOX H JEFFERSONVILLE, GA 31044

(N99000006766N)

02272007 No Chg-NP CR2E037 (4/06)

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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

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, MIKE
STREET ADDRESS	110 W. SEASCAPE DR.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	VOD
NAME	HUMPHRIES, JANICE
STREET ADDRESS	PO BOX 4
CITY-ST-ZIP	JEFFERSONVILLE, GA 31044
TITLE	STD
NAME	DUBOSE, DAVID
STREET ADDRESS	1564 WOODRIDGE PLC
CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000652704
03/12/07-80029-006 61.25

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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: _____ 2-27-7 8502297011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #