2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State
07-23-2008 90017 012 ****61.25

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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

07082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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	President JANICE Humphries P O BOX H Jeffersonville GA 31044	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOD HUMPHRIES, JANICE PO BOX 4 JEFFERSONVILLE, GA 31044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Wm. A. Peevy Sr P.O. BOX 281 Port St. Joe FL 32457	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUBOSE, DAVID 1564 WOODRIDGE PLC BIRMINGHAM, AL 35216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Diane Peevy P.O. Box 281 Port St. Joe FL 32457	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Penelope J. Adams 8549 monte Vista Ave. Longmont, CO 80503	☒ 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 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: Janice Humphries 7/21/08 478/952-3160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANICE Humphries