2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2010
Secretary of State

DOCUMENT# N99000006766

Entity Name: TWO PALM HOMEOWNERS ASSOCIATION OF GULF COUNTY, INC.

Current Principal Place of Business:

912 HWY 96 EAST
JEFFERSONVILLE, GA 31044

New Principal Place of Business:

Current Mailing Address:

P.O. BOX H
JEFFERSONVILLE, GA 31044

New Mailing Address:

FEI Number: 59-3617542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BERRY, ROBERT
Address: 113 EAST SEASCAPE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP
Name: HARMON, NED
Address: 326 EAST CLUB DRIVE
City-St-Zip: CARROLLTON, GA 30117

Title: S
Name: CONSYLMAN, MARGIE
Address: 30446 WOOLEY SPRINGS ROAD
City-St-Zip: TONEY, AL 35773

Title: T
Name: HUMPHRIES, JANICE F
Address: P.O. BOX H
City-St-Zip: JEFFERSONVILLE, GA 31044

Title: DIR
Name: EGGERMAN, PAULA
Address: 7707 COUNTY RD. 30A
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE F. HUMPHRIES T 03/14/2010

Electronic Signature of Signing Officer or Director Date