

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000005951

1. Entity Name
THE HELM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
753 HUMMINGBIRD WAY
NORTH PALM BEACH, FL 33408

Mailing Address
225 SOUTHERN BLVD
202
WEST PALM BEACH, FL 33405



01222007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3180024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUCHSTONE WEBB MANAGEMENT, INC.
225 SOUTHERN BLVD
202
WEST PALM BEACH, FL 33405

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IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000612422
02/02/07 00106 003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILSON, GAINES
STREET ADDRESS	225 SOUTHERN BLVD, #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	DVP
NAME	HAMILTON, JR., HARRY S
STREET ADDRESS	225 SOUTHERN BLVD, #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	DST
NAME	MONICO, JOSEPH
STREET ADDRESS	225 SOUTHERN BLVD, #202
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

HARRY HAMILTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

Date

Daytime Phone #

561-833-4443