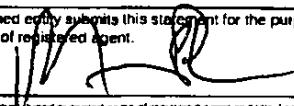
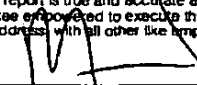


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-06-2007 90051 009 ****61.25

DOCUMENT # N06000012826					
1. Entity Name TOWN CENTRE NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 125 CABELL DRIVE PORT ST JOE, FL 32456			Mailing Address 125 CABELL DRIVE PORT ST JOE, FL 32456		
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	03302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20 8858423				☐ 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	
PALMER, MORRIS 125 CABELL DRIVE PORT ST JOE, FL 32456				Name	
				Street Address (F.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:  (NOTE: Registered Agent signature required when reappointing) DATE:					
Filing Fee is \$81.25 Due by May 1, 2007		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					
TITLE	PO	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PALMER, MORRIS		NAME		
STREET ADDRESS	PO BOX 159		STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE, FL 324570159		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUCIMETIERE-MONOD, OLIVIER		NAME		
STREET ADDRESS	PO BOX 159		STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE, FL 324570159		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PALMER, TERESA A		NAME		
STREET ADDRESS	PO BOX 159		STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE, FL 324570159		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-4-07 850-227-5852 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Morris Palmer					