

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90088 050 ****61.25

DOCUMENT # N96000003634

1. Entity Name
TRI COUNTY COMMUNITIES ASSOCIATION, INC.



Principal Place of Business
**PO BOX 17435
 W PALM BEACH, FL 33416**

Mailing Address
**1601 FORUM PLACE #701
 WEST PALM BEACH, FL 33401**

94029503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ST JOHN, CORE, FLORE & LEMME, P.A.
 1601 FORUM PLACE
 701
 WEST PALM BEACH, FL 33401**

Name
St. John, Core & Lemme, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1601 Forum Place #701
 City
West Palm Beach FL Zip Code
33401

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, 2004**

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 **P** Delete
 NAME **BURNS, PAMELA**
 STREET ADDRESS **112 STIRRUP LANE**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **HART, JAMES C**
 STREET ADDRESS **114 MONTEREY WAY**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **O'DONNELL, EILEEN**
 STREET ADDRESS **2381 SUNSET AVE.**
 CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **UPHOFF, BILL**
 STREET ADDRESS **825 CENTER STREET**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DAVIS, JOHN**
 STREET ADDRESS **239 BRIER CIRCLE**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ST. JOHN, DAVID**
 STREET ADDRESS **1601 FORUM PLACE #701**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David St. John
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04
 Date

(904) 655-8994
 Daytime Phone #