


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 006 ****61.25

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1. Entity Name
TRI COUNTY COMMUNITIES ASSOCIATION, INC.



40063971



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

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	BURNS, PAMELA	
STREET ADDRESS	112 STIRRUP LANE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, JAMES C	
STREET ADDRESS	114 MONTEREY WAY	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'DONNELL, EILEEN	
STREET ADDRESS	2381 SUNSET AVE.	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPHOFF, BILL	
STREET ADDRESS	825 CENTER STREET	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	239 BRIER CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. JOHN, DAVID	
STREET ADDRESS	1601 FORUM PLACE #701	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blum, Edward	
STREET ADDRESS	226 Bonnie Blvd.	
CITY-ST-ZIP	Palm Springs, FL 33461	

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: *David St. John* **04/20/06** **(561)655-8994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #