
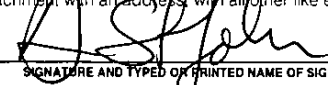


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 041 ****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 | | | | | |
| 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 | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| ST. JOHN, CORE, & LEMME., P.A. 1601 FORUM PLACE #701 WEST PALM BEACH, FL 33401 | | | 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 September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | BURNS, PAMELA | | NAME | | | | |
| STREET ADDRESS | 112 STIRRUP LANE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | HART, JAMES C | | NAME | | | | |
| STREET ADDRESS | 114 MONTEREY WAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | O'DONNELL, EILEEN | | NAME | | | | |
| STREET ADDRESS | 2381 SUNSET AVE. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | UPHOFF, BILL | | NAME | | | | |
| STREET ADDRESS | 825 CENTER STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | JUPITER, FL 33458 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | DAVIS, JOHN | | NAME | | | | |
| STREET ADDRESS | 239 BRIER CIRCLE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | JUPITER, FL 33458 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | ST. JOHN, DAVID | | NAME | D Blum, Edward | | | |
| STREET ADDRESS | 1601 FORUM PLACE #701 | | STREET ADDRESS | 226 Bonnie Blvd. | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | 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 | | 07/03/07 (561)655-8994 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | | | |