


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000951190  
 06/04/08-80022-014 61.25

**DO NOT WRITE 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:** David St. John **5/6/08** **561.655.8994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #