


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006766**

1. Entity Name  
**TWO PALM HOMEOWNERS ASSOCIATION OF GULF COUNTY, INC.**



Principal Place of Business <b>P.O. BOX H          JEFFERSONVILLE, GA 31044</b>	Mailing Address <b>P.O. BOX H          JEFFERSONVILLE, GA 31044</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3617542</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTIN, CHARLES A  
 413 WILLIAMS AVENUE  
 PORT ST. JOE, FL 32456**

**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)

U00000381785  
 01/11/06-86670-007 61.25

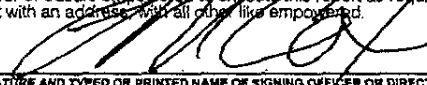
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, MIKE 110 W. SEASCAPE DR. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOD HUMPHRIES, JANICE PO BOX 4 JEFFERSONVILLE, GA 31044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUBOSE, DAVID 1564 WOODRIDGE PLC BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **1-7-6 8502297011**

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