

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006766

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX H  
JEFFERSONVILLE, GA 31044

**New Principal Place of Business:**

912 HWY 96 EAST  
JEFFERSONVILLE, GA 31044

**Current Mailing Address:**

P.O. BOX H  
JEFFERSONVILLE, GA 31044

**New Mailing Address:**

**FEI Number:** 59-3617542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUMPHRIES, JANICE  
Address: PO BOX 4  
City-St-Zip: JEFFERSONVILLE, GA 31044

Title: VP ( ) Delete  
Name: PEEVY, WM A SR  
Address: PO BOX 281  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: S ( ) Delete  
Name: PEEVY, DIANE  
Address: PO BOX 281  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: T ( ) Delete  
Name: ADAMS, PENELOPE J  
Address: 8549 MONTE VISTA AVE  
City-St-Zip: LONGMONT, CO 80503

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BERRY, ROBERT  
Address: 113 EAST SEASCAPE DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP (X) Change ( ) Addition  
Name: HARMON, NED  
Address: 326 EAST CLUB DRIVE  
City-St-Zip: CARROLLTON, GA 30117

Title: S (X) Change ( ) Addition  
Name: CONSYLMAN, MARGIE  
Address: 30446 WOOLEY SPRINGS ROAD  
City-St-Zip: TONEY, AL 35773

Title: T (X) Change ( ) Addition  
Name: HUMPHRIES, JANICE F  
Address: P.O. BOX H  
City-St-Zip: JEFFERSONVILLE, GA 31044

Title: DIR ( ) Change (X) Addition  
Name: PEEVY, WM  
Address: P.O. BOX 281  
City-St-Zip: PORT ST. JOE, FL 32457

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE F. HUMPHRIES

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date