

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 25 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000068287</b>					
<b>1. Entity Name</b> JOY COMMUNITY DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 455 N. HAVERHILL RD. W. PALM BCH, FL 33415			<b>Mailing Address</b> 455 N. HAVERHILL RD. W. PALM BCH, FL 33415		
<b>2. Principal Place of Business</b> 2300 PALM BEACH LAKES Suite, Apt. #, etc. 101		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State WEST PALM BEACH		City & State		05222006    Chg-P    CR2E034 (11/05)	
Zip 33409		Country PALM BEACH		4. FEI Number 65-1121336	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> DOUGLAS, EUSTACE 455 N. HAVERHILL RD. W. PALM BCH, FL 33415			<b>7. Name and Address of New Registered Agent</b> Name JOY COMMUNITY REAL ESTATE CORP Street Address (P.O. Box Number is Not Acceptable) 2300 PALM BEACH LAKES SUITE 101 WEST PALM BEACH City FL    Zip Code 33409		
<b>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.</b> SIGNATURE:					
(NOTE: Registered Agent signature required when reinstating)					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, EUSTACE 465 COTTAGEWOOD LANE ROYAL PALM BCH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, LELA V 1323 MONTERAY WAY GREENACRES, FL 33413	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS NOTICE, MARCIA 1570 THE 12TH FAIRWAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRIS A DOUGLAS 465 COTTAGEWOOD LANE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRIS A DOUGLAS 465 COTTAGEWOOD LANE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete			
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 607, 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:		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/22/06    Daytime Phone #: 561-687-1783		