## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000030683**

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

NORTH COUNTY HOME COMPANY



Principal Place of Business

1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401 Mailing Address

C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267

WEST PALM BEACH, FL 33402

## FILED Mar 12, 2007 08:00 AM Secretary of State



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0827259 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daylime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ECCLESTONE, E.L. 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL. 33401

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pitions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	d Agent signatu	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECCLESTONE, E L 1555 PALM BEACH LAKES BLVD. #1 WEST PALM BEACH, FL 33401	100			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVT COOPER, RON 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401				U00000664112 03/22/07-80029-023 158.75
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD., # WEST PALM BEACH, FL 33401	1100		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 trystee empowered to execute the corporation or the receiver or trystee empowered to execute the corporation or an attachment with an addition, with all other like empower to the corporation or or an attachment with an addition, with all other like empower to the corporation or or an attachment with an addition.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR