

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 97 OCT -7 PM 4:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000006019 (2)

1. Corporation Name  
 SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 149 WEST ADAMS ST. PO-BOX 1200  
 SUITE 3-A JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 6225 Powers Avenue 26 4215 Southpoint Blvd.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Suite 100  
 City & State City & State  
 23 Jacksonville, FL 28 Jacksonville, FL 32216  
 Zip Country Zip Country  
 24 32217 25 Duval 29 32216 30 Duval

3. Date Incorporated or Qualified 3a. Date of Last Report  
 12/18/1995 05/30/1996  
 4. FEI Number Applied For  
 APPLIED FOR 59-339845 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 POSTER, SCOTT  
 118 WEST ADAMS ST.  
 SUITE 3-A  
 JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent  
 81 Name Jerrold Rosenbaum  
 82 Street Address (P.O. Box Number is Not Acceptable) 6225 Powers Avenue  
 83  
 84 City Jacksonville FL 85 Zip Code 32217

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
 9-26-97

12. OFFICERS AND DIRECTORS  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 VTD FOSTER, SCOTT R C/O 118 W. ADAMS ST. JACKSONVILLE FL 32201  DELETE  
 PD SIMS, LOUISE B C/O 118 W. ADAMS ST. JACKSONVILLE FL 32201  DELETE  
 VSD LUCAS, MICHAEL C/O 118 W. ADAMS ST. JACKSONVILLE FL 32201  DELETE  
 DELETE  
 DELETE  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE PSD  Change  Addition  
 1.2 NAME Jerrold Rosenbaum  
 1.3 STREET ADDRESS 6225 Powers Avenue  
 1.4 CITY-ST-ZIP Jacksonville, FL 32217  
 2.1 TITLE VD  Change  Addition  
 2.2 NAME Marc C. Angelo  
 2.3 STREET ADDRESS 6225 Powers Avenue  
 2.4 CITY-ST-ZIP Jacksonville, FL 32217  
 3.1 TITLE J  Change  Addition  
 3.2 NAME Beth Angelo  
 3.3 STREET ADDRESS 6225 Powers Avenue  
 3.4 CITY-ST-ZIP Jacksonville, FL 32217  
 4.1 TITLE D  Change  Addition  
 4.2 NAME Walter A. Kurosko  
 4.3 STREET ADDRESS 6225 Powers Avenue  
 4.4 CITY-ST-ZIP Jacksonville, FL 32217  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

700002320597--7  
 -10/15/97--01041--006  
 \*\*\*\*\*61.25  Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

CR2E037 (4/97)