

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006019

1. Entity Name

SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6225 POWERS AVENUE  
JACKSONVILLE FL 32217

Mailing Address

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

32255

Country

4. FEI Number

59-3398455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBAUM, JERROLD  
6225 POWERS AVENUE  
JACKSONVILLE FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
ROSENBAUM, JERROLD  
6225 POWERS AVENUE  
JACKSONVILLE FL 32217

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
VD  
ANGELO, MARC C  
6225 POWERS AVENUE  
JACKSONVILLE FL 32217

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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T  
ANGELO, BETH  
6225 POWERS AVENUE  
JACKSONVILLE FL 32217

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CITY - ST - ZIP

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D  
KUROSKO, WALTER A  
6225 POWERS AVENUE  
JACKSONVILLE FL 32217

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12. I 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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

Daytime Phone #

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90130 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)