

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 31, 2005
Secretary of State

DOCUMENT# N95000006019

Entity Name: SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2694 SIMS COVE LN
JACKSONVILLE, FL 32223**New Principal Place of Business:****Current Mailing Address:**2694 SIMS COVE AVENUE
JACKSONVILLE, FL 32223**New Mailing Address:****FEI Number:** 59-3398455**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KUROSKO, WALTER A
2694 SIMS COVE AVENUE
JACKSONVILLE, FL 32223 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:** PD () Delete
Name: APPLEBY, CHARLES C
Address: 2658 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223**Title:** SD () Delete
Name: LAFSER, PETE
Address: 2610 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223**Title:** TD () Delete
Name: KUROSKO, WALTER A
Address: 2694 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SALEEBA, ANTHONY
Address: 2634 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETE LAFSER

SD

01/31/2005

Electronic Signature of Signing Officer or Director_____
Date