

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 09, 2009**  
**Secretary of State**

DOCUMENT# N95000006019

**Entity Name:** SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2694 SIMS COVE LANE  
JACKSONVILLE, FL 32223**New Principal Place of Business:**2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223**Current Mailing Address:**2694 SIMS COVE LANE  
JACKSONVILLE, FL 32223**New Mailing Address:**2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223**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 LANE  
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**LAFSER, PATRICE G  
2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223 US

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: PATRICE GAYLE LAFSER

02/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SALEEBA, ANTHONY  
Address: 2634 SIMS COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: CARROLL, TIMOTHY E  
Address: 11766 MANDARIN ROAD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LAFSER, PATRICE G  
Address: 2610 SIMS COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICE GAYLE LAFSER

TD

02/09/2009

Electronic Signature of Signing Officer or Director

Date