

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006019

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223 UN

**Current Mailing Address:**

2610 SIMS COVE LANE  
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:**

LAFSER, PATRICE G TREAS  
2610 SIMS COVE LANE  
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  
Name: SALEEBA, ANTHONY PRES  
Address: 2634 SIMS COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD  
Name: CARROLL, TIMOTHY E SEC  
Address: 11766 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD  
Name: LAFSER, PATRICE G TREAS  
Address: 2610 SIMS COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: PATRICE GAYLE LAFSER

TD

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date