Entity Name: SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC. 236				7785CC	
Current Pri	ncipal Place of Business:		20002	110500	
2694 SIMS CO	VE LANE				
JACKSONVILL	E, FL 32223				
0					
Current Ma	ling Address:				
2610 SIMS COVE LANE					
JACKSONV	ILLE, FL 32223 US				
EEI Number	: 59-3398455		Certificate of Status Des	irod. No	
			sirea. No		
Name and F	Address of Current Registered Agent:				
	2610 SIMS COVE LANE JACKSONVILLE, FL 32223 US				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	lorida.	
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fl	lorida. 02/02/2021	
		istered office or regis	tered agent, or both, in the State of Fl		
	E: BONNIE KUROSKO Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Fl	02/02/2021	
SIGNATURE	E: BONNIE KUROSKO Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Fl	02/02/2021	
SIGNATURE Officer/Dire	E: BONNIE KUROSKO Electronic Signature of Registered Agent ctor Detail :			02/02/2021	
SIGNATURE Officer/Dire	E: BONNIE KUROSKO Electronic Signature of Registered Agent ctor Detail : SD	Title	TD	02/02/2021	
SIGNATURE Officer/Dire Title Name	E: BONNIE KUROSKO Electronic Signature of Registered Agent Ctor Detail : SD WASHINGTON, LOLA ESEC 2622 SIMS COVE LA	Title Name	TD KUROSKO, BONNIE 2694 SIMS COVE LANE	02/02/2021	
SIGNATURE Officer/Dire Title Name Address	E: BONNIE KUROSKO Electronic Signature of Registered Agent Ctor Detail : SD WASHINGTON, LOLA ESEC 2622 SIMS COVE LA	Title Name Address	TD KUROSKO, BONNIE 2694 SIMS COVE LANE	02/02/2021	
SIGNATURE Officer/Dire Title Name Address	E: BONNIE KUROSKO Electronic Signature of Registered Agent Ctor Detail : SD WASHINGTON, LOLA ESEC 2622 SIMS COVE LA	Title Name Address	TD KUROSKO, BONNIE 2694 SIMS COVE LANE	02/02/2021	

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: BONNIE KUROSKO

TREASURER

02/02/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500006019

Entity Name: SAINT JOHNS COVE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 02, 2021 Secretary of State 2366627785CC

Date