

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000006019

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

**Current Principal Place of Business:**

2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2610 SIMS COVE LANE  
JACKSONVILLE, FL 32223

**FEI Number: 59-3398455**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAFSER, PATRICE GTREAS  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SALEEBA, ANTHONY PRES  
Address 2634 SIMS COVE LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title SD  
Name CARROLL, TIMOTHY ESEC  
Address 11766 MANDARIN ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title TD  
Name LAFSER, PATRICE GTREAS  
Address 2610 SIMS COVE LANE  
City-State-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**

**TREASURE**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date