

2014 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

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date