

**2018 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 US

**FEI Number:** 59-3398455

**Certificate of Status Desired:** No

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

PETER , LAFSER L  
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:** PETER LAFSER

09/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LAFSER, PETER  
Address 2610 SIMS COVE LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title SD  
Name WASHINGTON, LOLA ESEC  
Address 2622 SIMS COVE LA  
City-State-Zip: JACKSONVILLE FL 32223

Title TD  
Name KUROSKO, BONNIE  
Address 2694 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:** PETER LAFSER

PRESIDENT

09/17/2018

Electronic Signature of Signing Officer/Director Detail

Date