

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006014

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: JULIAN COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1660 PRUDENTIAL DRIVE SUITE 203  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1660 PRUDENTIAL DRIVE SUITE 203  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3670343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, BERT C  
1660 PRUDENTIAL DRIVE SUITE 203  
JACKSONVILLE, FL 32207 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: DP ( ) Delete  
Name: SIMON, BERT C  
Address: 1660 PRUDENTIAL DRIVE SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVPT ( ) Delete  
Name: SIMON, JOYCE M  
Address: 1660 PRUDENTIAL DRIVE SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVPS ( ) Delete  
Name: MILLER, SUSAN H  
Address: 12782 JULIAN COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BERT C. SIMON

DP

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date