2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N00000006014

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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 07/15/2009
Electronic Signature of Signing Officer or Director Date