

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 012 \*\*\*\*61.25



**DOCUMENT # N0000007067**  
1. Entity Name  
**JOHNS COVE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**PREMIER COMMUNITY MANAGERS, INC** **PREMIER COMMUNITY MANAGERS, INC**  
**1255 BELLE AVE, #167** **1255 BELLE AVE, #167**  
**WINTER SPRINGS FL 32708** **WINTER SPRINGS FL 32708**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt., etc. **PREMIER COMMUNITY MANAGERS, INC**  
**5151 Adanson Ave Suite 99** Suite, Apt., etc. **PREMIER COMMUNITY MANAGERS, INC**  
**5151 Adanson Ave Suite 99** **Orlando, FL 32810**

1st MOORE CR2E037 (10/05)

City & State **Orlando, FL 32810** City & State **Orlando, FL 32810**  
Zip Country Zip Country

4. FEI Number **59-3676127** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOUSE, GARY**  
**PREMIER COMMUNITY MANAGERS, INC**  
**1255 BELLE AVE, #167**  
**WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**PREMIER COMMUNITY MANAGERS, INC**  
**5151 Adanson Ave Suite 99**  
**Orlando, FL 32810**  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary House* **1-19-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, WILLIE 1006 JOHNS POINT DR WINTER GARDEN FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> Russell M Papa 1215 Johns Cove Ln Oakland, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALONZO, BETH 1412 JOHNS COVE LANE WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP</i> Dorese M Denton 905 Johns Pointe Dr Oakland, FL 34787 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pres</i> COSTELLO, JAMES JR 1010 JOHN'S POINTE DR WINTER GARDEN FL 34787 <input type="checkbox"/> Delete <i>Change</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANTOMMARCHI, DAVID 1602 JOHNS COVE LN WINTER GARDEN FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAMPRECHT, HILGARDT 1320 JOHNS COVE LN WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **TREASURER**