


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90024 016 ****61.25

DOCUMENT # N00000007067

1. Entity Name
JOHNS COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business PREMIER COMMUNITY MANAGERS, INC 5151 ANDERSON AVE STE 99 ORLANDO, FL 32810	Mailing Address PREMIER COMMUNITY MANAGERS, INC 5151 ANDERSON AVE STE 99 WINTER SPRINGS, FL 32708
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2. Principal Place of Business PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804	3. Mailing Address PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804
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01312007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3676127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC 5151 ANDERSON AVE STE 99 WINTER SPRINGS, FL 32708	Name <i>Mary House</i> PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804 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*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	PAPA, RUSSELL M 1215 JOHNS CONE LN OAKLAND, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE P	Randy Maze 912 John's Cove LN Oakland, FL 34787 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	ALONZO, BETH 1412 JOHNS COVE LANE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE S	Robin K Kapa 1215 John's Cove LN Oakland, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	COSTELLO, JAMES JR 1010 JOHN'S POINTE DR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE T	Michael Hudzik 1010 John's Cove LN Oakland, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	DENTON, TERESE M 905 JOHNS POINTE DR. OAKLAND, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE D	Ronald W. George 1405 John's Cove LN Oakland, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	LAMPRECHT, HILGARDT 1320 JOHNS COVE LN WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 Chapter 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: *M. George*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2-14-2007* Daytime Phone #: *321 256 1260*