


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 017 ****61.25

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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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
Anderson St
 Suite, Apt. #, etc.
103

City & State
Orlando, FL 32804

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
 5151 ANDERSON AVE STE 103
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5151 Anderson St Suite 103
 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* DATE *4-11-08*

(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when re-instating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	S	<input type="checkbox"/> Delete
NAME	PAPA, ROBIN K	
STREET ADDRESS	1215 JOHNS COVE LN	
CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAZE, RANDY	
STREET ADDRESS	912 JOHN'S COVE LANE	
CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUDZIK, MICHAEL	
STREET ADDRESS	1010 JOHN'S COVE LN	
CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE	<i>VP Pres</i>	<input type="checkbox"/> Delete
NAME	DENTON, TERESE M	
STREET ADDRESS	905 JOHNS POINTE DR.	
CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, RONALD W	
STREET ADDRESS	1405 JOHN'S COVE LN	
CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK DOREY	
STREET ADDRESS	916 John's Pointe Dr	
CITY - ST - ZIP	Oakland, FL 34787	
TITLE	<i>Vice Pres. Dent</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JROY PARKER	
STREET ADDRESS	1509 John's Cove LN	
CITY - ST - ZIP	Oakland, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Terese Denton* DATE: *4/17/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

