

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90045 028 \*\*\*\*70.00

<b>DOCUMENT # N03000008557</b> 1. Entity Name <b>JACKSON COVE HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4225 58TH AVE</b> <b>VERO BCH, FL 32967</b>		Mailing Address <b>4225 58TH AVE</b> <b>VERO BCH, FL 32967</b>	
2. Principal Place of Business <b>1698 Shakespeare St.</b>		3. Mailing Address <b>P.O. Box 1629</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sebastian, FL</b>		City & State <b>Hobe Sound, FL</b>	
Zip <b>32958</b>		Zip <b>33475</b>	
Country <b>Ind. River</b>		Country <b>Martin</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, RAYMOND A</b> <b>4225 58TH AVE</b> <b>VERO BCH, FL 32967</b>		7. Name and Address of New Registered Agent Name <b>Gregory L. Hovsepien</b> Street Address (P.O. Box Number is Not Acceptable) <b>5717 SE Forest Glade Trail</b> City <b>Hobe Sound</b> <b>FL</b> Zip Code <b>33455</b>	
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 <b>Gregory L. Hovsepien/Treasurer</b> <b>1-18-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, RAYMOND A 4225 58TH AVE VERO BCH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Dane Morris 1698 Shakespeare St. Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACKSON, ELLA D 4225 58TH AVE VERO BCH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Michelle Morris 1698 Shakespeare St. Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ARTHUR L 2011 26TH ST-S ST PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRFASURER Gregory Hovsepien 5717 SE Forest Glade Trail Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Tonya Beharry 13157 SW 30th Street Miramar, FL 33027
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
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 exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:  DANE MORRIS / PRESIDENT</b>		<b>1-21-05 (772) 473-3098</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**50010073**



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP JACKSON, RAYMOND A 4225 58TH AVE VERO BCH, FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACKSON, ELLA D 4225 58TH AVE VERO BCH, FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ARTHUR L 2011 26TH ST-S ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Dane Morris 1698 Shakespeare St. Sebastian, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Michelle Morris 1698 Shakespeare St. Sebastian, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRFASURER Gregory Hovsepien 5717 SE Forest Glade Trail Hobe Sound, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Tonya Beharry 13157 SW 30th Street Miramar, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**SIGNATURE: DANE MORRIS / PRESIDENT** **1-21-05 (772) 473-3098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #