2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90064 050 ****61.25

DOCUMENT # N0300008557 1. Entity Name JACKSON COVE HOMEOWNERS' ASSOCIATION, INC.							01-30-20	90064	050 ****6	51.25
Principal Plac 1698 SHAKE SEBASTIAN,	SPEARE ST	Mailing Address PO BOX 1629 HOBE SOUND, FL 33475				U	0000	i ii i		
2. Principal Place of Business		3. Mailing Address PO BOX 700332								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112006	Chg-NP	CR2E	037 (11/05)	
City & Stat	e 	WABASSO	FL			4. FEI Number NOT APP	LICABLE			pplied For ot Applicable
Zip	Country	Zip 32970	Co.	untry		5. Certificate of	Status Desi	ed 🔲	\$8.75 Add	
	6. Name and Address of Current R	Registered Agent				7. Name and A	ddress of N	ew Registere	d Agent	
HOVSEPI	AN GREGORY I			Name	DAN	IE MOR	Riš			
HOVSEPIAN, GREGORY L 5717 SE FOREST GLADE TRAIL HOBE SOUND, FL 33455				Street A		P.O. Box Number		table)		
HOBE SOUND, PE 33433				169	ک 8	HAKESPE ASTIAN,	ARE	St.		
				City	SEBA	ASTIAN,		F	L Zip Cod	958
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing	its register	ed office o	r registere	ed agent, or both,	in the State	of Florida. I a	m familiar with,	and accept
SIGNATURE.	DARE MORRIS	Dank		····			1-2	4-06		
1	Signature bouild or printed name of registerest exert or	nd title d englicable (NOTE: Benieters	ed Annat singet	era randrad.	uban rainetatina)		DATE		
	Signature, ligad or printed name of registered agent at				ture required s	when reinstating)	- 	DATE		
	Filling Fee Is \$61.25 Due by May 1, 2006	9. Election		Financing		\$5.00 May Be Added to Fees		Make che	ck payable t artment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRI	9. Election Trust Fur	Campaign F	Financing tion.		\$5.00 May Be	IGES TO OF	Make che Fiorida Dep	ck payable t	tate
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Instruct ceruly into the information supplied with this filling does not quality 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:	DANE MORRIS	Danli	1-25-06	772 589-9556
	SIGNATURE AND TYPED OR PRINTED NAME OF SIG	INING OFFICER OR DIRECTOR	Date	Daytime Phone #