

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008837

FILED  
Mar 15, 2007  
Secretary of State

**Entity Name:** OCEAN COVE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

961687 GATEWAY BOULEVARD  
SUITE 201-I  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

961687 GATEWAY BOULEVARD  
SUITE 201-I  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 20-3437052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, ARTHUR I  
961687 GATEWAY BOULEVARD  
SUITE 201-I  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: KING, THOMAS V  
Address: POST OFFICE BOX 15189  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: VT ( ) Delete  
Name: KING, BARBARA A  
Address: POST OFFICE BOX 15189  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: S ( ) Delete  
Name: SEEVERS, GLENN  
Address: 669 SOUTH FLETCHER AVENUE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS V. KING

PT

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date