2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N51148

Entity Name: PUTTER'S COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3155670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 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:	PD	( ) Delete
Name:	JOHNSON, CLIFFORD	
Address:	7610 PUTTERS COVE DR	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	VD	( ) Delete
Name:	DEREU, WALTER	
Address:	7613 PUTTER"S COVE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	S	( ) Delete
Name:	MCCLURE, BILL	
Address:	7617 PUTTERS COVE DR.	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	T	( ) Delete
Name:	FISHER, JIM	
Address:	7601 PUTTERS COVE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	(X) Delete
Name:	FRANCIS, SHARON	
Address:	7629 PUTTERS COVE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	

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:	
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 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: LAUREN CARR MGR. 03/13/2009

Electronic Signature of Signing Officer or Director — Date