

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002269

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** DEER COVE OWNERS 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:** 59-3462193

**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: VPD (X) Delete  
Name: COOK, STEVEN  
Address: 7572 FAWN LAKE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: GRAVES, FRANK  
Address: 7551 DEER COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD ( ) Delete  
Name: BROCK, WAYNE  
Address: 7643 FAWN LAKE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete  
Name: FOLLMER, JOHN  
Address: 10158 FAWN LAKE CT.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: OJEDA, IRIS  
Address: 7624 FAWN LAKE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: ADAMS, JOYCE  
Address: 7717 FAWN LAKE DRIVE S  
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:

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

02/02/2009

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

\_\_\_\_\_  
Date