

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90025 024 \*\*\*\*61.25

**DOCUMENT # N97000005954**

1. Entity Name

**SIMMONS COVE OWNERS ASSOCIATION, INC.**



Principal Place of Business

3024 PERSIMMON CIRCLE  
FERNANDINA BEACH FL 32034

Mailing Address

3024 PERSIMMON CIRCLE  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

*3019 Persimmon Circle, West*  
Suite, Apt. #, etc.

3. Mailing Address

*3019 Persimmon Circle, West*  
Suite, Apt. #, etc.

City & State

*Fernandina Beach, FL*

Zip  
*32034*

Country  
*USA*

City & State

*Fernandina Beach, FL*

Zip  
*32034*

Country  
*USA*

4. FEI Number

**59-3475496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GLEICHAUF, JAMES J  
3024 PERSIMMON CIRCLE  
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

*John W. Winn*

Street Address (P.O. Box Number is Not Acceptable)

*3019 Persimmon Circle, West*

City  
*Fernandina Beach*

FL

Zip Code  
*32034*

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

*John W. Winn, Treasurer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/25/06*

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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	PRES	<input checked="" type="checkbox"/> Delete
NAME	BEARD, WINONA	
STREET ADDRESS	1544 PERSIMMON CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURNETTE, GEORGE	
STREET ADDRESS	1546 PERSIMMON CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	SEC	<input type="checkbox"/> Delete
NAME	MEALING, JESSE	
STREET ADDRESS	1510 PERSIMMON CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	TRE	<input checked="" type="checkbox"/> Delete
NAME	GLEICHAUF, JAMES J	
STREET ADDRESS	3024 PERSIMMON CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	MUIR, ROBERT S	
STREET ADDRESS	3052 PERSIMMON CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Perry	
STREET ADDRESS	3026 Persimmon Circle	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE	<del>VP</del> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Bradley	
STREET ADDRESS	1541 Persimmon Circle	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Winn	
STREET ADDRESS	3019 Persimmon Circle, West	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jamie LeBlanc	
STREET ADDRESS	3056 Persimmon Circle	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*John W. Winn*

*1/25/06*

*John W. Winn*