

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005954

FILED
Feb 10, 2009
Secretary of State

Entity Name: SIMMONS COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3052 PERSIMMON CIRCLE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1544 PERSIMMON CIRCLE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 15352
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 59-3475496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, SCOTT
3052 PERSIMMON CIRCLE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

BEARD, WINONA
1544 PERSIMMON CIRCLE
FERNANDINA BEACH, FL 32034 US

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: WINONA BEARD

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MUIR, SCOTT
Address: 3052 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: BURNETTE, BECKY
Address: 1546 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC () Delete
Name: GOODING, JENNIFER
Address: 1517 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TREA () Delete
Name: BRECK, GREGORY
Address: 1520 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: AVERA, DEBBI
Address: 1548 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BEARD, WINONA
Address: 1544 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: SEC (X) Change () Addition
Name: DAVITO, KRIS
Address: 3039 PERSIMMON CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: GREGORY D BRECK

TREA

02/10/2009

Electronic Signature of Signing Officer or Director

Date