


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N980000Q5349	
1. Entity Name JACOB ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3729 JACOB COVE WAY JACKSONVILLE, FL 32218	Mailing Address P.O. BOX 26472 JACKSONVILLE, FL 32226
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05082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3716308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUSTON, DARNEASE A 3729 JACOB COVE WAY JACKSONVILLE, FL 32218	DO NOT WRITE IN THIS SPACE
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7. 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUSTON, DARNEASE A 3729 JACOB COVE WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATCHERSON, MICHAEL 3736 JACOB COVE WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, VAUGHN 3752 JACOB COVE WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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05/10/05-80001-005 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 517, 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: Darnease A. Houston 5/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #