

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005349

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



04102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3716308

Applied For

Not Applicable

5. Certificate of Status Desired



\$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**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000502926
04/26/06-80011-024 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOUSTON, DARNEASE A
STREET ADDRESS 3729 JACOB COVE WAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D
NAME ATCHERSON, MICHAEL
STREET ADDRESS 3736 JACOB COVE WAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D
NAME BROWN, VAUGHN
STREET ADDRESS 3752 JACOB COVE WAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DARNEASE A. HOUSTON
Darnease A. Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06
Date

(904) 764-2904
Daytime Phone #