

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005349

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** JACOB ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3729 JACOB COVE WAY  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26472  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 59-3716308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUSTON, DARNEASE A  
3729 JACOB COVE WAY  
JACKSONVILLE, FL 32218 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: D ( ) Delete  
Name: HOUSTON, DARNEASE A  
Address: 3729 JACOB COVE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: REDDICK, KENNETH  
Address: 3753 JACOB COVE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: BROWN, VAUGHN  
Address: 3752 JACOB COVE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SMITH, CURTIS  
Address: 3744 JACOB COVE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

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: DARNEASE A. HOUSTON

D

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date