#### I hereby 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 all other like empowered.

PRESIDENT

#### SIGNATURE: BERT C. SIMON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** DP DVPT Title Title Nar Л CE BLVD. SUITE 525 Add FL 32207 City

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:

The	Ы	The	DVII
Name	SIMON, BERT C	Name	SIMON, JOYCE M
Address	1300 RIVERPLACE BLVD. SUITE 525	Address	1300 RIVERPLACE
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE F
Title	DVPS		
Name	GRIGORYANTS, MARINA		
Address	12774 JULIAN COVE LANE		
City-State-Zip:	JACKSONVILLE FL 32223		

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0000006014

Entity Name: JULIAN COVE OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

1300 RIVERPLACE BLVD, SUITE 525 JACKSONVILLE, FL 32207

# **Current Mailing Address:**

1300 RIVERPLACE BLVD. SUITE 525 JACKSONVILLE, FL 32207 US

# FEI Number: 59-3670343

# Name and Address of Current Registered Agent:

SIMON, BERT C 1300 RIVERPLACE BLVD. SUITE 525 JACKSONVILLE, FL 32207 US

4041182208CC

#### Certificate of Status Desired: No

01/31/2022 Date

Date

FILED Jan 31, 2022 Secretary of State