2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N00000004480

Entity Name: THE SEASONS AT MILL COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8230 DAMES POINT CROSSING
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

C/O 475 W TOWN PL
SUITE 200
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3671458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 W TOWN PL
200
ST AUGUSTINE, FL 32092 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: VPD
Name: SLOAN, SHELIA
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TD
Name: VYVYAN, RICHARD
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD
Name: STEELE, PATRICIA
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: PD
Name: MOORE, RONALD
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D
Name: MARTIN, MARY
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

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.

SIGNATURE: RICHARD VYVYAN TRES 02/09/2012

Electronic Signature of Signing Officer or Director — Date