

**N09000005994**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

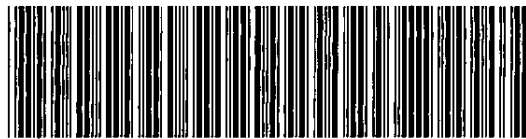
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2009 JUN 17 A 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

68-81-9  
28

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: OLD MILL COVE HOMEOWNERS ASSOCIATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Gerald G. Petoskey  
Name (Printed or typed)

6410 Whispering Oaks Dr.  
Address

Jacksonville, FL 32277-1585  
City, State & Zip

904-743-0605  
Daytime Telephone number

picmjerry@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:  
Old Mill Cove Home Owners Association, Inc.

**ARTICLE II   PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
6410 Whispering Oaks Dr.  
Jacksonville, FL 32277-1585

**ARTICLE III   PURPOSE**

The purpose for which the corporation is organized is:  
Home owners association.

**ARTICLE IV   MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Annual election by voting members of the association.

**ARTICLE V   INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Geraid Petoskey	6410 Whispering Oaks Dr.	Jacksonville, FL 32277	President
Phil Brizzee	4056 Old Mill Cove Trail W	Jacksonville, FL 32277	Vice President
Richard Dooley	4045 Old Mill Cove Trail W	Jacksonville, FL 32277	Treasurer
Carol Scialli	6270 Whispering Oaks Dr. N	Jacksonville, FL 32277	Secretary

**ARTICLE VI   INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gerald G. Petoskey  
6410 Whispering Oaks Dr.  
Jacksonville, FL 32277

**ARTICLE VII   INCORPORATOR**

The name and address of the Incorporator is:

Gerald G. Petoskey

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Signature/Registered Agent

6/12/2009  
Date

  
Signature/Incorporator

6/12/2009  
Date