

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005994

FILED  
Feb 04, 2012  
Secretary of State

**Entity Name:** OLD MILL COVE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6410 WHISPERING OAKS DR.  
JACKSONVILLE, FL 322771585

**New Principal Place of Business:**

**Current Mailing Address:**

6410 WHISPERING OAKS DR.  
JACKSONVILLE, FL 322771585

**New Mailing Address:**

**FEI Number:** 59-1913517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETOSKEY, GERALD G  
6410 WHISPERING OAKS DR.  
JACKSONVILLE, FL 322771585 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:** PD  
**Name:** PETOSKEY, GERALD G MR.  
**Address:** 6410 WHISPERING OAKS DR.  
**City-St-Zip:** JACKSONVILLE, FL 322771585

**Title:** VD  
**Name:** LANIER, SEAN MR.  
**Address:** 4150 OLD MILL COVE TRAIL W.  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** TD  
**Name:** WOLF, JACK MR.  
**Address:** 4162 WHISPERING OAKS DR. E  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** SD  
**Name:** EDMONDSI, MICHELLE MRS.  
**Address:** 4049 OLD MILL COVE TRAIL E.  
**City-St-Zip:** JACKSONVILLE, FL 32277

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:** GERALD G. PETOSKEY

PD

02/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date