

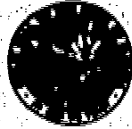
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50598 (4)

1. Corporation Name
NEW MILL COVE EAST OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 0469 JACKSONVILLE FL 32239 **P.O. BOX 0469 JACKSONVILLE FL 32239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-3143299** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FULTON, ROBERT J
3650 SHAWNEE SHORES DR
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, DANIEL
STREET ADDRESS	3074 SHAWNEE SHORES DR
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	VD
NAME	FOUGHT, DAN
STREET ADDRESS	3600 SHAWNEE SHORES DR.
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	ST
NAME	FULTON, ROBERT J
STREET ADDRESS	3650 SHAWNEE SHORES DR
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOUCH, DAN
1.3 STREET ADDRESS	3650 Shawnee Shores Dr
1.4 CITY-ST-ZIP	Jacksonville, FL 32225
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAMBLE, STEVE
2.3 STREET ADDRESS	3621 Shawnee Shores Dr
2.4 CITY-ST-ZIP	Jacksonville, FL 32225
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental and is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that I, or a duly authorized officer or trustee, am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or corrected information with an address.

SIGNATURE: **4/12/95** (904) 743-7636
Secty/TRES Date Daytime Phone #