

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 8469 JACKSONVILLE FL 32239 P.O. BOX 8469 JACKSONVILLE FL 32239

3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3143299	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FULTON, ROBERT J 3650 SHAWNEE SHORES DR JACKSONVILLE FL 32225				81	Name LAWRENCE I. GELLER		
				82	Street Address (P.O. Box Number is Not Acceptable) 3634 SHAWNEE SHORES DR		
				83			
				84	City JACKSONVILLE	85	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lawrence I. Geller* **LAWRENCE I. GELLER** 1/29/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUCH, DAN	1.2 NAME	LAWRENCE I. GELLER
STREET ADDRESS	3680 SHAWNEE SHORES DR	1.3 STREET ADDRESS	3634 SHAWNEE SHORES DR.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VD	2.1 TITLE	PRESIDENT "0" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, STEVE	2.2 NAME	STEVE GAMBLE
STREET ADDRESS	3621 SHAWNEE SHORES DR	2.3 STREET ADDRESS	3631 SHAWNEE SHORES DR
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32225 JACKSONVILLE, FL 32225
TITLE	ST	3.1 TITLE	VICE PRESIDENT "0" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, ROBERT J	3.2 NAME	BUO WHORLET
STREET ADDRESS	3650 SHAWNEE SHORES DR	3.3 STREET ADDRESS	3641 SHAWNEE SHORES DR
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800001726798
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-02/28/96--01071--007
TITLE		5.1 TITLE	
NAME		5.2 NAME	***61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or supplemental annual report 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 or the receiver or trustee 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 on an attachment with an address.

SIGNATURE: *Lawrence I. Geller* **LAWRENCE I. GELLER** 1/29/96 (904) 743-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #