

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number  
59-3143299 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
GELLER, LAWRENCE I  
3634 SHAWNEE SHORES DR.  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent  
81 Name INA R. DOUGLAS  
82 Street Address (P.O. Box Number is Not Acceptable) 3604 SHAWNEE SHORES DR  
83  
84 City JACKSONVILLE FL 85 Zip Code 32225

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 *Ina R. Douglas* ST DATE 18 Jan 98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GELLER, LAWRENCE I	
STREET ADDRESS	3634 SHAWNEE SHORES DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAMBLE, STEVE	
STREET ADDRESS	3621 SHAWNEE SHORES DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHORLEY, BUD	
STREET ADDRESS	3641 SHAWNEE SHORES DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RILLSTONE, JERE	
STREET ADDRESS	3628 SHAWNEE SHORES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	INA R. DOUGLAS	
1.3 STREET ADDRESS	3604 SHAWNEE SHORES DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
2.1 TITLE	Pres. P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>TOM PORTY</del>	
2.3 STREET ADDRESS	9033 SAGO SHORES	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARRY ALVAREZ	
3.3 STREET ADDRESS	3653 SHAWNEE SHORES DR	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ina R. Douglas* INA R. DOUGLAS DATE: 18 Jan '98 PER 61.25 912-678-2001 X 9787

CR2E037 (10/97)