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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50598

1. Corporation Name

NEW MILL COVE EAST OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 8469
JACKSONVILLE FL 32239

Mailing Address

P.O. BOX 8469
JACKSONVILLE FL 32239



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/27/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3143299

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, INA R
3604 SHAENEE SHORES DR.
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3604 Shawnee Shores Dr

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

19 Jan 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME ST
STREET ADDRESS DOUGLAS, INA R
CITY-ST-ZIP 3604 SHANEE SHORES DR.
JACKSONVILLE FL 32225

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3604 Shawnee Shores Drive
1.4 CITY-ST-ZIP

TITLE DELETE
NAME PD
STREET ADDRESS PORTZ, TOM
CITY-ST-ZIP 9033 SAGO SHORES
JACKSONVILLE FL 32225

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME VPD
STREET ADDRESS ALAVAREZ, HARRY
CITY-ST-ZIP 3653 SHWANEE SHORES DR
JACKSONVILLE FL 32225

3.1 TITLE Change Addition
3.2 NAME VPD
3.3 STREET ADDRESS KATHY Whorley
3.4 CITY-ST-ZIP 3641 SHAWNEE SHORES DR.
JACKSONVILLE, FL 32225

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Ina R. Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan '99

DATE

904 745-9169

Daytime Phone #

CR2E037 (11/98)