

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2005
Secretary of State**

DOCUMENT# N50598

Entity Name: NEW MILL COVE EAST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 8469
JACKSONVILLE, FL 32239

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8469
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-3143299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, KELLY
9025 SAGO SHORES
JACKSONVILLE, FL 32225 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: P () Delete
Name: MCCOY, MICHAEL
Address: 3668 SHAWNEE SHORES
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: FOUCHT, COLEEN
Address: 3680 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: MARQUEZ, KELLY
Address: 9025 SAGO SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GOLLER, MELISSA
Address: 3616 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELISSA GOLLER

T

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date