

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50598

FILED
Mar 05, 2009
Secretary of State

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:

3633 SHAWNEE SHORES DRIVE
JACKSONVILLE, FL 32225

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:

GOLLER, MELISSA
3616 SHAWNEE SHORES DR.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BALDWIN, ROBYN L
3633 SHAWNEE SHORES DR.
JACKSONVILLE, FL 32225 US

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: ROBYN BALDWIN 03/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CIARIMBOLI, RON
Address: 3603 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPT (X) Change () Addition
Name: CARLSON, JOHN
Address: 3650 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/T () Change (X) Addition
Name: BALDWIN, ROBYN L
Address: 3633 SHAWNEE SHORES DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/T () Change (X) Addition
Name: CODISPOTI, STEPHANIE A
Address: 3633 SHAWNEE SHORES DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBYN BALDWIN S/T 03/05/2009

Electronic Signature of Signing Officer or Director Date