

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50598

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

**Current Principal Place of Business:**

3633 SHAWNEE SHORES DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 352036  
JACKSONVILLE, FL 32235

**FEI Number:** 59-3143299

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PT  
Name CIARIMBOLI, RON  
Address 3603 SHAWNEE SHORES DR  
City-State-Zip: JACKSONVILLE FL 32225

Title VPT  
Name GOLLER, MELISSA  
Address 3626 SHAWNEE SHORES DR  
City-State-Zip: JACKSONVILLE FL 32225

Title S  
Name BALDWIN, ROBYN L  
Address 3633 SHAWNEE SHORES DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title T  
Name CODISPOTI, STEPHANIE A  
Address 3633 SHAWNEE SHORES DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBYN BALDWIN

**SECRETARY**

**04/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date