FEI Number: 59-3143299			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	EEN M E SHORES DRIVE E, FL 32225-4303 US			
The above named	l entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flor	ida.
SIGNATURE	COLEEN M FOUCHT			02/11/2016
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PT	Title	VPT	
Name	OSHMAN, FRANK	Name	CIARIMBOLI, RON	
Address	9028 SAGO SHORES CT	Address	3603 SHAWNEE SHORES DR	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225	
Title	S	Title	т	
Name	GOLLER, MELISSA A	Name	FOUCHT, COLEEN	
Address	3616 SHAWNEE SHORES DRIVE	Address	3680 SHAWNEE SHORES DRIV	Έ
City-State-Zip:	JACKSONVILLE FL 32225	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: COLEEN FOUCHT

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/11/2016

Date

FILED Feb 11, 2016 **Secretary of State** CC8347914035

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2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50598

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

Current Principal Place of Business:

3680 SHAWNEE SHORES DRIVE JACKSONVILLE, FL 32225-4303

Current Mailing Address:

P.O. BOX 352036 JACKSONVILLE. FL 32235

FEI

Nam