

2024 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 350345
JACKSONVILLE, FL 32235 US

FEI Number: 59-3143299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOUCHT, COLEEN M
3680 SHAWNEE SHORES DRIVE
JACKSONVILLE, FL 32225-4303 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: COLEEN M FOUCHT

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name OSHMAN, FRANK
Address 9028 SAGO SHORES CT
City-State-Zip: JACKSONVILLE FL 32225

Title VPT
Name MORROW, CHERYL
Address 3674 SHAWNEE SHORES DR
City-State-Zip: JACKSONVILLE FL 32225

Title S
Name GOLLER, MELISSA A
Address 3616 SHAWNEE SHORES DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title T
Name FOUCHT, COLEEN
Address 3680 SHAWNEE SHORES DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title ARCHITECTURAL COMMITTEE
Name CODISPOTI, STEPHANIE
Address 3633 SHAWNEE SHORES DR
City-State-Zip: JACKSONVILLE FL 32225

Title ARCHITECTURAL REVIEW OFFICER
Name CIARIMBOLI, GLORIA
Address 3603 SHAWNEE SHORES DR
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 M FOUCHT

TREASURER

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date