


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740067**


1. Entity Name  
**SECRET COVE CIVIC ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

1 SECRET COVE PL      P.O. BOX 550706  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32255-7706

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP      CR2E037 (4/06)

4. FEI Number 59-2378008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DEVER, HUGH A  
 8238 BATEAV RD S  
 JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000781978  
 01/15/08-80057-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAMES 3220 HIDDEN LAKE DR E. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEEK, BILL 3218 HIDDEN LAKE DRIVE W. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEARY, ROGER 3440 HIDDEN LAKE DR EAST JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRULA, KEN 8378 COMPASS ROSE DR. S. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISE, KAREN 3565 BATEAU ROAD E. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEVER, HUGH A 8238 BATEAU ROAD S. JACKSONVILLE, FL 32216

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:** *Hugh A Dever* **Treasurer**      12/10/2008      904-733-7609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #