

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47566 (7)**  
 1. Corporation Name:  
**SECRET COVE HOMEOWNERS ASSOCIATION, INC.**

**APPROVED AND FILED**

**95 APR 24 AM 8:57**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>P.O. BOX 1166 LAKELAND FL 33840</b>	Mailing Address <b>P.O. BOX 1166 LAKELAND FL 33840</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/24/1992</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-3134250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**BRIGGS, LOYAL  
936 CAPTIVA POINT  
LAKELAND FL 33807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>BRIGGS, LOYAL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>936 CAPTIVA POINT</b>	1.2 NAME	
STREET ADDRESS	<b>LAKELAND FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>PHELPS, CAROL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3310 ANCHOR LANE</b>	2.2 NAME	
STREET ADDRESS	<b>LAKELAND FL 33807</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<b>WEBB, LOIS</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>707 CARPENTERS WAY, #49</b>	3.2 NAME	
STREET ADDRESS	<b>LAKELAND FL 33809</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois E. Webb **3/13/95** **813-859-4935**  
 (Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Phone Number)