

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740067 (4)

1. Corporation Name

SECRET COVE CMC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 550706 JACKSONVILLE FL 32255-7706

3. Date Incorporated or Qualified **09/07/1977** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-2378008** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORRIGAN, TIMOTHY J.
3543 BATEAU RD W.
JACKSONVILLE FL 32216**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MILLER, LAURA
STREET ADDRESS	3459 HIDDEN LAKE DR. W. JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	D
NAME	DOTSON, KENNETH
STREET ADDRESS	3111 OLD PORT CIRCLE E. JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	DS
NAME	COURTNEY, KATHY
STREET ADDRESS	3580 HIDDEN LAKE DR E. JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	DT
NAME	LEE, COHN
STREET ADDRESS	3311 HIDDEN LAKE DR E JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	D
NAME	BANKS, GEORGE
STREET ADDRESS	3518 COMPASS ROSE DR E JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	DP
NAME	POWELL, KENT
STREET ADDRESS	8344 HIDDEN LAKE DR. S. JACKSONVILLE FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WINTER, MIKE
2.3 STREET ADDRESS	3241 CLIPPER PLACE JACKSONVILLE, FL 32216
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAY, CHARLIE
3.3 STREET ADDRESS	3550 HIDDEN LAKE DRING EAST JACKSONVILLE, FL 32216
3.4 CITY-ST-ZIP	
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOOD, TIMOTHY
4.3 STREET ADDRESS	3616 BARQUENTINE RD. JACKSONVILLE, FL 32216
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy A. Good
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 904/791-4674
DATE DAYTIME PHONE #