

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740067 (4)

1. Corporation Name

SECRET COVE CIVIC ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 09/07/1977
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

4. FEI Number: 59-2378008
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORRIGAN, TIMOTHY J.
~~8549 BATEAU RD W.~~
JACKSONVILLE FL 32216

CHANGE TO →

81. Name
82. Street Address (P.O. Box Number is Not Acceptable): 3323 HIDDEN LAKE DR. W.
83.
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DS MILLER, LAURA 3459 HIDDEN LAKE DR. W. JACKSONVILLE FL	1.1 TITLE	DV
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV WINTER, MIKE 3241 CLIPPER PLACE JACKSONVILLE FL	2.1 TITLE	DP
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RAY, CHARLIE 3550 HIDDEN LAKE DRIVE EAST JACKSONVILLE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT GOOD, TIMOTHY 3516 BARQUENTINE ROAD JACKSONVILLE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BANKS, GEORGE 3516 COMPASS ROSE DR E JACKSONVILLE FL	5.1 TITLE	DS
NAME		5.2 NAME	TREMBLY, RUSSELL
STREET ADDRESS		5.3 STREET ADDRESS	8327 HIDDEN LAKE DR. S.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	DP POWELL, KENT 8344 HIDDEN LAKE DR. S. JACKSONVILLE FL	6.1 TITLE	D
NAME		6.2 NAME	ZUCKER, RON
STREET ADDRESS		6.3 STREET ADDRESS	3237 HIDDEN LAKE DR. W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

904/448-8530

CR2E037 (12/95)