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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740067

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/07/1977	4. FEI Number 59-2378008 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent LEINHAUSER, JOHN 3528 HIDDEN LAKE DR W JACKSONVILLE FL 32216	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 FL
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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: *John Leinhaus* **JOHN LEINHAUSER TREASURER 6 Mar 99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT <input type="checkbox"/> DELETE	NAME: LEINHAUSER, JOHN	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3528 HIDDEN LAKE DR. W.	CITY-ST-ZIP: JACKSONVILLE FL 32216	1.2 NAME:	
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: WINTER, MIKE	1.3 STREET ADDRESS:	
STREET ADDRESS: 3241 CLIPPER PLACE	CITY-ST-ZIP: JACKSONVILLE FL	1.4 CITY-ST-ZIP:	
TITLE: DV <input checked="" type="checkbox"/> DELETE	NAME: RICE, BILL	2.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3507 HIDDEN LAKE DR WEST	CITY-ST-ZIP: JACKSONVILLE FL 32216	2.2 NAME: RICE, BILL	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: GOOD, TIMOTHY	2.3 STREET ADDRESS: 3507 HIDDEN LAKE DR. WEST	
STREET ADDRESS: 3516 BARQUENTINE ROAD	CITY-ST-ZIP: JACKSONVILLE FL	2.4 CITY-ST-ZIP: JACKSONVILLE FL 32216	
TITLE: DS <input type="checkbox"/> DELETE	NAME: TREMBLY, RUSSELL	3.1 TITLE: DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 8327 HIDDEN LAKE DR S	CITY-ST-ZIP: JACKSONVILLE FL	3.2 NAME: JENN SOBER SUBER	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: ZUCKER, RON	3.3 STREET ADDRESS: 3402 SECRET COVE PLACE	
STREET ADDRESS: 3237 HIDDEN LAKE DR W	CITY-ST-ZIP: JACKSONVILLE FL	3.4 CITY-ST-ZIP: JACKSONVILLE FL 32216	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BOLDEN, D.C.	4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 3165 OLD PORT CIRCLE EAST	CITY-ST-ZIP: JACKSONVILLE FL 32216	4.2 NAME: D.C. BOLDEN	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: 3165 OLD PORT CIRCLE EAST	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: JACKSONVILLE FL 32216	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.2 NAME: TOM WERN	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: 8388 COMPASS ROSE DRIVE SOUTH	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: JACKSONVILLE FL 32216	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *John Leinhaus* **6 March 99** 904 592 1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)