

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47566

1. Entity Name

SECRET COVE HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90070 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 1166  
EATON PARK FL 33840

P.O. BOX 1166  
EATON PARK FL 33840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3134250

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHELPS, CAROL  
3310 ANCHOR LANE  
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME BOOTMAN, BEATRICE ☐ Delete  
STREET ADDRESS 1019 WILDWOOD EAST  
CITY-ST-ZIP LAKELAND FL 33801

TITLE PD  
NAME GREG WORMAN ☐ Change ☒ Addition  
STREET ADDRESS 5323 VERANA COURT  
CITY-ST-ZIP LAKELAND FL 33813

TITLE STD  
NAME PHELPS, CAROL ☐ Delete  
STREET ADDRESS 3310 ANCHOR LANE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE VPD  
NAME GLEN WAITE ☐ Change ☒ Addition  
STREET ADDRESS 938 BUCCANEER DR  
CITY-ST-ZIP LAKELAND FL 33801

TITLE D  
NAME STARKE, DONNA ☒ Delete  
STREET ADDRESS 2028 DANTE STREET  
CITY-ST-ZIP LAKELAND FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

863 666-1525

Daytime Phone #

CR2E037 (9/01)